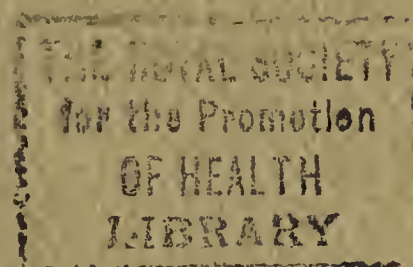




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The City of Calgary
DEPARTMENT OF PUBLIC HEALTH

ANNUAL REPORT 1967

LOCAL BOARD OF HEALTH FOR THE CITY OF CALGARY

His Worship Mayor J. C. Leslie (Chairman)

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Medical Officer of Health, L. C. Allen, M. B., Ch. B., D. P. H.

Deputy Medical Officer of Health, Agnes E. O'Neil, M. D., D. P. H.

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His Worship the Mayor,
City Commissioners,
Members of City Council.

Gentlemen:-

I have the honour to present the Annual Report and Financial Statement of the City Health Department for the year 1967.

During the year 1966 there were two Civic Census enumerations. One was performed in January 1966 and revealed a total count of 323,289 persons. In the month of December 1966 a further civic enumeration was conducted revealing a total population count at that time to be 335,806. On the basis of this second figure of 335,806 were compiled the statistical tables for the 1966 Report. This same figure (335,806) is being adopted as the official census count for all administrative and grant purposes for the calendar year 1967. There were no territorial additions to the City boundaries during 1967, the total area of the City remaining at 155.8 square miles.

The natural increase of population during 1967 was 5,270 (i.e. 7,301 net births minus 2,031 net deaths). This figure represents an increase of 314 persons from that recorded in the previous year.

The figures below show the trend of the last five years.

<u>Year</u>	<u>Census Population</u>	<u>Over-all Increase</u>	<u>% Increase</u>	<u>Natural Increase Residents</u>	<u>+ Previous - Year</u>
1967	335,806	-	-	5,270	+314
1966	335,806	24,690	7.9	4,956	-297
1965	311,116	16,192	5.5	5,253	-482
1964	294,924	17,949	6.5	5,735	-517
1963	276,975	7,907	2.94	6,252	+ 72

The rates appearing in the statistical tables of this Report are based on the Civic Census population figures as recorded by the City Clerk of 335,806 for the calendar year 1967.

There were 3,224 marriages recorded during the year representing a rate of 9.6 per thousand population. This shows an increase in the number of marriages performed over last year of 436 and the first occasion since 1961 that the marriage rate has exceeded 9 per thousand population. This trend is expected to continue as the children born in

the high birth rate period following World War II have now attained marriageable age.

<u>Year</u>	<u>No. of Marriages</u>	<u>Rate per 1,000 Population</u>
1967	3,224	9.6
1966	2,788	8.3
1965	2,673	8.6
1964	2,481	8.4
1963	2,171	7.8

The gross number of births registered in the City during 1967 totalled 8,068 for a rate of 24.0 per thousand population. This gross figure includes births to females not normally resident within the City boundaries. In 1967 there were 7,301 registered births to actual City residents establishing a rate of 21.7 births per 1,000 population. This net figure is an increase of 237 from that recorded in 1966 and a decrease of 731 from the all-time high figure recorded in 1963 of 8,032, when the City population was but 276,975. The 237 increase in births in 1967 is equivalent to an increase in the rate of 0.7 over that recorded for 1966. Despite a steadily rising population, the number of births in the last several years has remained fairly constant. The increasing dissemination of information from many sources concerning birth control methods and family planning is undoubtedly a highly significant responsible factor. With the introduction of the contraceptive pill in 1961-1962 it is interesting to note that five years ago the net birth rate per 1,000 population was 29.5, whereas a decade ago the corresponding rate for the City was 32.4 per 1,000 population. It is predicted that in the next few years the recent downward trend in birth rates may be reversed as the increasing numbers of postwar children reach marriageable age and begin their own families.

Included in the total births (8,068) are 1,144 illegitimate births representing 14.18% of all births occurring in City Hospitals. This is an increase of 1.59% over 1966. 906 illegitimate births were recorded to females actually domiciled within the City boundaries or 12.41% of the net total of 7,301. This figure of 906 is an increase over the previous year of 103 or 1.04%. Of 767 babies born in Calgary but registered to non-resident females, 238 were illegitimate or 31.0%. This is an increase of 4.7% over last year. From the accompanying Table it will be seen that in the age group 13 - 19 years there were 462 illegitimate births to girls classed as teenage, 356 to City residents and 106 to non-City residents. The age group 20 - 24 years accounted for a total of 459 illegitimate births, with 366 classified as City residents and a further 93 from locations out of town.

ILLEGITIMATE LIVE BIRTHS BY AGE OF MOTHER AND BIRTH ORDER, CALGARY, 1967

Age of Mothers	Total Born To Unmarried Mothers	O R D E R O F B I R T H										T O T A L		Mothers Previously Married	
		1ST		2ND		3RD		4TH		5TH & OVER					
		Residents	Non-Res.	Residents	Non-Res.	Residents	Non-Res.	Residents	Non-Res.	Residents	Non-Res.	Residents	Non-Res.	Residents	Non-Res.
12 Years	1	1										1		Residents	Non-Res.
13 Years															
14 Years	1	1										1			
15 Years	22	18	4									18	4		
16 Years	48	34	12	2								36	12		
17 Years	102	76	25		1							76	26		
18 Years	139	93	35	8	3							101	38	3	
19 Years	149	103	25	17	1	3						123	26	5	
20-24 Years	459	243	63	79	20	33	4	10	3	1	3	366	93	49	2
25-29 Years	125	49	5	13	4	21	1	9	2	14	7	106	19	36	6
30-34 Years	60	10	3	7	2	7	3	8		14	6	46	14	29	2
35-39 Years	29	4	2	2		3		1	2	14	1	24	5	18	1
40 Years & Over	9	2		4		2					1	8	1	2	
T O T A L S	1,144	634	174	132	31	69	8	28	7	43	18	906	238	142	11

There were 5 sets of twins born to unwed mothers:-

- 1 in January - in the age group 20 - 24 years;
- 2 in March - in the age groups 18 and 30 - 34 years;
- 1 in July - in the age group 35 - 39 years;
- 1 in August - in the age group 18 years.

153 unwed mothers were previously married. 808 mothers of the total 1,144 unwed mothers had their first child in 1967.

1967 Illegitimate Births - 1,144 or 14.18% of all live births in the City;
of these 906 or 12.41% were recorded as City residents.

1966 Illegitimate Births - 969 or 12.59% of all live births in the City;
of these 803 or 11.37% were recorded as City residents.

The gross number of stillbirths registered was 102 for a rate of 12.6 per 1,000 live births. The net figure of 87 represents residents only for a rate of 11.9 per 1,000 live births. This is an increase in the rate recorded in the previous year for stillbirths of 3.0 and 3.1 respectively, reversing the downward pattern which was recorded last year. It is a family tragedy when the months of anticipation of the new baby expected in the home are saddened where the birth event results in a dead child.

VITAL STATISTICS

Gross Live Births - 8,068	Birth Rate per 1,000 Population - 24.0
Gross Stillbirths - 102	S.B. Rate per 1,000 Live Births - 12.6

Net Live Births - City Residents - 7,301	Rate per 1,000 Population - 21.7
Net Stillbirths - City Residents - 87	Rate per 1,000 Live Births - 11.9

Included in the above were 767 non-resident births and 15 non-resident stillbirths.

Gross deaths from all causes in the City in 1967 numbered 2,322. When converted into a rate per 1,000 of population, the figure is 6.9. Total deaths recorded in City residents numbered 2,031 for a rate per 1,000 of 6.0. There were 291 deaths recorded in the City to persons classified as non-residents.

The Table on the following page shows the chief causes of death and is based on the gross deaths recorded.

The Chief Causes of Deaths are:-

1. Diseases of the heart and circulatory system (Code No. A 79 - A 86) accounted for 584 deaths. Vascular lesions affecting the central nervous system (Code No. A 70) accounted for 275 deaths.	
584 + 275	= 859
2. Neoplasms - all forms (Code No. A 44 - A 60)	481
3. Violent and accidental deaths (Code No. AE 138 - AE 149)	191
4. Diseases of the respiratory system (Code No. A 87 - A 97) i.e. Influenza, Pneumonia, Bronchitis, Emphysema, Bronchiectasis, Etc.	132
5. Diseases of the digestive system (Code No. A 99 - A 107) i.e. Peptic Ulcers, Herniae, Cirrhosis of Liver, Cholecystitis, Cholelithiasis, Etc.	118
6. Certain diseases of early infancy (Code No. A 130 - A 135) including birth injuries, infections and prematurity	98
7. Congenital malformations (deaths occurring in all age groups) (Code No. A 127 - A 129)	57
8. Diseases of the genito-urinary tract (Code No. A 108 - A 114) i.e. Nephritis, Pyelitis, Renal Calculi, Prostatic Hypertrophy, Etc.	54
9. Diabetes Mellitus	44

Deaths from Communicable Diseases:-

1. Tuberculosis, Pulmonary and Non-Pulmonary, including deaths of Calgary residents in Sanatoria outside our City limits (Code No. A - 1, A - 2)	4
2. Syphilis (Luetic Aortitis and Neurosyphilis Code No. A - 10)	3
3. Acute Infectious Encephalitis (Viral and Acute Encephalitis Code No. A - 29)	2
4. Late effects of Acute Poliomyelitis (Code No. 30)	1
5. Measles (Code No. 32)	1
6. All other diseases classified as infective and parasitic (Herpes Zoster Code No. 43)	1

Diseases involving the heart and circulatory system together with vascular lesions of the central nervous system accounted for 859 deaths or 36.54% of all deaths recorded. The figure shows a modest decrease from the previous year when 882 deaths were attributable to these causes. Total deaths in these two broad categories for City residents numbered 771 giving a figure of 37.96% of total City deaths.

Diseases of the cardiovascular system continue to occupy the leading place as the cause for ending human life despite remarkable achievements in the last twenty years in the realms of cardiac surgery. Arteriosclerosis and coronary disease are responsible for over 60% of all cardiac deaths. The incidence of death from heart disease from age forty-five upwards is very much higher in the male sex than in the female. A reduction in the incidence of heart disease can be achieved if persons would pay heed to such advice as stopping smoking if you cannot limit yourself to a minimum, avoid overweight by limiting the food intake and taking sufficient exercise to acquire a good standard of physical fitness. A two mile walk frequently is an excellent start in such a programme. On the whole, too many people in midlife continue to be overweight. Although obesity has never been finally established as a cause of high blood pressure or heart disease, it is very decidedly open to suspicion. From everyday observation it can be established that "old people are invariably thin people". All health education literature emphasizes the importance of physical exercise and recreational activity. It is only in this way that the heart and circulation retains its tone over the years. It is interesting to note that recent studies have indicated that atheromatous lesions in the larger body arteries appear to be less common in areas enjoying the benefits of water fluoridation at its optimal level than where it is deficient in the community water supply.

Neoplastic disease continues to occupy the number two cause in the statistical tables recording deaths. Malignant diseases of all forms accounted for 412 or 20.3% of deaths in City residents and remain virtually unchanged from the previous year. Deaths from Leukaemia were equally divided as regards to sex incidence, numbering 24 cases and accounting for 1.2% of all deaths.

In 1967 there were 67 deaths recorded as due to Cancer of the Lung, accounting for 3.3% of all City deaths for a rate of 33.0 per thousand. This is an increase over the previous year of 14 and an upswing in the rate of 5.1 per thousand. There is no doubt that over the years the smoking habits of the population have undergone marked changes. Cigar smoking has declined in popularity. Likewise, the use of pipe tobacco, very popular years ago, is not in great evidence today. There has been a very great increase in the use of cigarettes by both sexes in the last two decades. Animal experiments have amply shown that several constituents of tobacco are capable of producing cancerous changes in various organs in the body. Clinical and autopsy studies have clearly established the fact that damage to the lungs is much more common in

smokers than non-smokers. Furthermore, population studies have shown that a heavy smoker has at least 30 times the risk of developing Lung Cancer than that of the non-smoker. There is ample evidence that cigarette smoking as a predisposing cause of precancerous cell changes in the bronchi and lung tissue is greater than any degree of atmospheric pollution presently existing in the whole Dominion at the present time.

To those who continue to smoke cigarettes it should be emphasized the necessity of accepting a chest x-ray on a regular annual basis. Only by early detection by means of the x-ray may the victims of Lung Cancer have even a slim chance of a successful cure.

Violent and accidental deaths numbered 191 accounting for 8.3% of the gross deaths and 7.4% of the deaths in City residents. 151 deaths in City residents were ascribed to some form of violence with 40 occurring in non-residents. Motor vehicle accidents accounted for 34 deaths of City residents, 4 less than in the previous year. Motor vehicle accidents accounted for 1.3% of all City deaths in 1967, 23 male and 11 female. The greatest number of these deaths occurred in the age group 15 - 24 years numbering 16 deaths. Traffic accidents accounted for 22.5% of all violent deaths and is one of the major hazards of today's society. Despite continuing publicity put out by agencies promoting all aspects of safety, there were 3 deaths due to drowning, 4 due to fires and 7 due to accidental poisoning incidents. Accidents are commonly considered to be due to chance, bad luck or carelessness. In the final analysis in the investigation of most accidents, it can usually be established that there was a lack of due care exercised either by the victim or by those responsible for the victim, in the case of young children.

Suicides numbered 39 cases during the year, one such death in every 8,610 residents.

Deaths ascribed to ill-defined and unknown causes numbered 149. This represents deaths in persons usually not under the immediate care of a doctor. With only a sketchy medical history being available to the physician called to see a body after death, without an autopsy it is virtually impossible to assign the cause of death to a defined classification.

There were 153 deaths of infants under the age of one year in 1967, as compared to 125 in 1966, and a corresponding increase in the rate from 17.7 to 20.9 per 1,000 live births. Even with the increase in the rate this figure is substantially lower than the National average of 23.1. Prematurity, congenital malformations, asphyxia and birth injuries accounted for 124 deaths or 80% in this broad group.

87 infant deaths occurred within the first twenty-four hours of life or 50.0% of the total; 121 deaths or 69.4% occurred within the

first week of delivery; 131 or 75.3% occurred within the first month following delivery.

There were no deaths related to pregnancy and childbirth in City residents during the year. One death occurred in a non-resident. The gross maternal death rate is recorded as 0.12 per 1,000 live births. This figure has only been exceeded once in the past five years. Today the risk to the mother undertaking childbirth is extremely low and reflects the advantages of the high standards of specialized care available in hospitals staffed with highly competent specialists.

Communicable diseases reported to the Department numbered 1,934. This is an increase over the previous year of 537 cases.

The most commonly reported infectious disease was Measles with a total of 1,185. 1967 was gauged to be the year of the regular cyclical epidemic wave. The children who had received their three doses of Killed Measles Vaccine in the previous year were given a further dose of the attenuated Live Measles Vaccine - Rubiovax - in a programme which commenced in early January. The Measles vaccination programme was extended to include all children up to age five years and further extended in the early summer to include all children who would be entering the Grade I classrooms in the fall. It is interesting to note that 141 cases of Measles were reported in the age group 0 - 4 years in 1967, as opposed to 653 in that same age group during the previous epidemic year of 1965. Immunization against Measles is, of course, routinely available to all infants and preschool children as a part of the basic immunization series against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis. Despite the fact that Measles Vaccine is readily available for every preschool child who has not yet had the disease, Measles immunization has not enjoyed the wide-spread acceptance that was so evident following the introduction of the Salk Vaccine against Poliomyelitis just over a decade ago. It should once more be emphasized that Measles is a serious childhood disease and, although rare, is fraught with the dangerous complication of Encephalitis which may leave a child with extensive brain damage.

The incidence of Infectious Hepatitis reported during the year numbered 153 cases with no deaths. This number was 53 cases more than in the previous year. For every frank case of this disease diagnosed, there are probably five subclinical cases that may go unrecognized, yet act as a reservoir of infection within the community. Attention to personal hygiene and sanitary practices both in the home and at work offer the best protection against this disabling condition. Gamma Globulin inoculations were given to all family contacts by the public health nurse in an effort to halt the spread within the family. Reporting of this condition is believed to be quite accurate, as if not reported the Gamma Globulin is not available for family contacts.

There were 40 cases of Tuberculosis discovered during the year and admitted to the Sanatorium for treatment, giving a rate of 11.9 per 100,000 for this condition. There were three deaths recorded with Tuberculosis as the underlying cause. Although the incidence of this disease has remained remarkably stable in this community for the past several years, there is no reason for complacency. Those who are the parents of the young people of today are poorly informed about the infectious and insidious nature of this disease which exacted a serious toll in disability within the generation of their grandparents. Despite the ready availability of services to provide a chest x-ray at no cost and merely for the asking, far too few persons make a point of using it. Only a few minutes and the effort to go to a mobile x-ray clinic or to the unit in the Health Department are required once a year to be assured that the lungs show no signs of this disease. Much time and effort is spent by members of the nursing staff and especially those in the T.B. Control Division in the follow-up of persons who are ex-sanatorium patients or positive tuberculin reactors to keep their follow-up chest x-ray appointments. If we are to keep Tuberculosis in check, let alone eventually eradicate it, the public support of old, young, rich and poor in accepting a yearly chest x-ray is the only hope. During 1967 only 11,144 or 3.32% of the population took advantage of the x-ray unit at the City Hall to have a chest film.

There were 31 instances of Salmonella infections reported and investigated during the year. Cases were of a sporadic nature with no wide-spread involvement of families.

There was one case of Typhoid Fever occurring in a young male City resident. The infection was attributed to a small epidemic outbreak in a holiday resort area in B.C. In all some 85 persons from this City had visited the resort area between the time the outbreak was discovered and the resort's closure at the end of the season. All persons known to have stayed at the location were followed up by obtaining a stool specimen for laboratory investigation. All stool samples subjected to laboratory analysis were negative.

There were no cases of Poliomyelitis reported. With widespread use and acceptance of protective inoculations against this condition, it is now largely a disease of the past. To maintain immunity at a high level it is wise to obtain a booster dose of Sabin oral vaccine every five years. The adult population in particular is lax in keeping their immunity status up to date.

Cases of Chickenpox reported to the Department by public health nurses numbered 1,173 during the year. This disease is usually of a mild nature and is no longer reportable in the Provincial statistics.

Likewise, there were 1,319 cases of Mumps reported by nurses as occurring in the school population. Although a specific vaccine against Mumps has recently been introduced in the United States, it has not yet

been licensed for use in Canada. Use of the vaccine is likely to be limited to adolescent males and male adults who have not had Mumps and will be on an elective personal basis rather than a wide-spread use in a public programme.

The incidence of Venereal Diseases showed a slight increase over the previous year as regards Gonorrhoea but a very significant decline in incidence as regards cases of Syphilis diagnosed and reported. Confirmed cases of Gonorrhoea numbered 675 for a rate of 200.9 per 100,000. The corresponding figure the previous year was 189.3 per 100,000 population. Cases of Syphilis of all forms numbered 27, and expressed as a rate per 100,000 of population gives a figure of 8.0. This is a reduction in the rate of nearly one-third that reported in the previous year (73 cases). Cases of Syphilis were equally divided between the sexes, 14 cases in males and 13 in females. There was no reporting of any cases of acquired Syphilis in the age group under 20 years. In the age group 15 - 19 years there were 68 cases of Gonorrhoea, 47 male and 21 female. The age group 20 years and over recorded a total of 596 cases. Despite a rising incidence of Venereal Diseases being recorded throughout the World in the last several years, this increase is not being reflected locally.

All cases of Venereal Disease are required to be reported on a confidential "Notification of Venereal Infection" form to the Director of Social Hygiene of the Province. The main source of Venereal Disease notification is through the Social Hygiene Clinic, private physicians and hospitals. An intensive effort is made to find cases of Venereal Disease among persons named as contacts of diagnosed cases. It is the responsibility of the staff of the Social Hygiene Centre to locate and arrange for the necessary examination of the reported contacts and to require treatment of any found to be infected. Staff members are to be highly commended for their sincere efforts in this important phase of Venereal Disease Control. With the maintenance of a walk-in social hygiene diagnostic and treatment centre in the City providing free treatment, there is no excuse for anyone neglecting to have a sore or a discharge in the region of the genital organs checked and investigated without delay.

Reference to the Table relating to Venereal Diseases shows the distribution of cases by months for the period under review.

The increasing number of chemical substances used as medicaments, household cleaners, pesticide products and solvents kept, yet improperly stored, in homes today account to a large extent for an ever increasing number of accidental poisonings. Young children are invariably the unsuspecting victims in these family tragedies. Such incidents are on the increase and account for a lot of emergency cases being admitted to hospitals. From the Report of the Provincial Poison Control Services there were 3,556 incidents of accidental poisonings in the Province during the year.

REPORT OF THE PROVINCIAL POISON CONTROL SERVICES FOR 1967

Accidental Poisonings in the Province of Alberta in 1967

Categories	0-4 yrs.		5-14 yrs.		15-24 yrs.		25-44 yrs.		45 yrs. & Over		T O T A L	
	Cases	D	Cases	D	Cases	D	Cases	D	Cases	D	Cases	D
A. Drugs & Med. for Ext. Use	170		11		4		9		6		200	
B. Drugs & Med. for Int. Use	1,568		96		343		295		79		2,381	
C. Household Chemicals	445		17		5		7		11		485	
D. Industry, Auto & Fuel	79		22		35		35		40		211	
E. Poison. Plants & Ven. Animals	18		8		-		-		-		26	
F. Pesticides	118		10		2		6		3		139	
G. Tobacco & Alcohol	23		2		3		6		5		39	
H. Miscellaneous	36		4		10		11		14		75	
Totals	2,457		170		402		369		158		3,556	

Cases of Accidental Poisonings in Calgary in 1967

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Calgary General Hospital	84	35	46	55	47	35	68	61	35	57	59	51	633
Holy Cross Hospital	26	29	33	39	36	17	34	28	38	46	34	31	391
Foothills Hospital	30	13	24	35	30	29	18	30	28	21	17	26	301
Rocky View General Hospital	4	2	7	4	5	6	8	8	5	5	9	5	68
Totals	144	79	110	133	118	87	128	127	106	129	119	113	1,393

DEATHS FROM ACCIDENTAL POISONING IN CALGARY - 1967

	0 - 4 Yrs.		5-14 Yrs.		15-24 Yrs.		25-44 Yrs.		45-64 Yrs.		65 Yrs. & Over		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
A. Drugs & Medicines for Internal Use		*1					1						2
B. Natural (Heating) Gas in Home					1		1		*1				3
C. Car Exhaust Fumes							2		1				3
D. Hydrogen Sulphide at Gas Well Head							1						1
E. Acute Poisoning with Alcohol						*1							1
T O T A L		1			1	1	5		2				10

* There were three (3) cases of non-resident deaths due to accidental poisoning.

SELF -INFLICTED DEATHS OCCURRING IN CALGARY - 1967

	5-14 Yrs.		15-24 Yrs.		25-44 Yrs.		45-64 Yrs.		65 Yrs. & Over		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	
A. Drugs & Medicines for Internal Use			1	1		*5		2			1	8	9
B. Car Exhaust Fumes				1	4		4				8	1	9
C. Gunshot Wounds			2		6	1	3				11	1	12
D. Hanging	3					*1		1			3	2	5
E. Drowning						1			1		1	1	2
F. Slashing Wounds					*1	1	1				2	1	3
G. Jumping from Window							1				1	-	1
H. By Oncoming Train									1		1	-	1
T O T A L S	3		3	2	11	9	9	3	2		28	14	42

* There were three (3) cases of non-resident deaths by suicide.

Fourteen (14) deaths (13 resident and 1 non-resident) were ascribed to homicide in 1967.

Poison Control Centres are established in the four General Hospitals providing Emergency Medical Service Departments. All maintain a twenty-four hour service, from which doctors may obtain information about the multiplicity of organic and inorganic substances having poisonous properties when taken internally. Each year sees a new batch of complex organic products manufactured and used which add extra hazards to the life and safety of young, inquisitive children. There were 1,393 poisoning incidents reported in Calgary during 1967 with a total of 10 deaths, 3 being non-residents. Although the age group 0 - 4 accounts by far for the highest incidence of cases, only one fatality was recorded. The fact that 2,457 incidents in the Provincial total of reported poisonings occurred in the age group 0 - 4 is ample evidence for again drawing to the attention of every citizen that this age group needs almost constant vigilant supervision. This age group, through its adventurous activities in exploring, climbing, testing and seeking, is most accident prone. At each home visit or counselling session the public health nurse reminds parents of the dangers of drugs, cleaning agents and household chemicals improperly stored or left within the reach of young children. Every accidental poisoning incident is an indictment of the parental supervision provided in the home. With preschool children in the home, all medicines and household chemicals should be stored on high shelves or in a locked cupboard or drawer. This may mean some inconvenience for the mother but ensures safety for her child during his early years till he can understand the dangers lurking in pills, bottles, tins or packages that he has been warned to leave alone. Parental supervision means never letting down the guarding of a child when cooking, answering the telephone, when visiting or being visited if poisoning incidents are to be seriously averted. It should be noted that during 1967 there were on the average three or four cases daily of accidental poisonings in the Calgary hospitals the year round. A thoroughly safe home is the first step in the prevention of such accidents.

There were 17,870 initial prescriptions dispensed for oral fluoride during the year 1967 under the programme introduced by the Provincial Government in October 1966. Any person presenting a prescription written by a doctor or dentist for a fluoride supplement, either liquid or tablet, receives approximately a three months supply at no cost obtainable at the Health Centres. During the year only 3,600 persons applied for a refill of the initial prescription with 955 and 119 respectively requesting second and third refills. Only 31 persons have returned to require the refill for the prescription for a fourth time during the year. No significant reduction in tooth decay has yet been achieved on a community basis where the administration of the daily dose of a fluoride supplement is assumed as a family responsibility in the home. It is expecting too much of human nature to presume that parents will remember to give the tiny dose of an oral fluoride preparation daily over even one year, let alone continue it for the dozen or so years necessary to establish decay resistant tooth enamel. In contrast, in the twenty year period that

fluoride has been added to many community water supplies, very significant reductions have been achieved in the incidence of dental decay in the rising generation.

The Provincial Department of Health provides specialized equipment to conduct a continuing monitoring survey of certain pollutant materials in the ambient air of the City. The air pollutants presently monitored are smoke, total oxidant, total dustfall, hydrogen sulphide, total sulphation, fluorides and suspended particulate matter. The wind data, recording percentage frequency of occurrence from a particular direction, together with the mean wind velocities is obtained from the station of the Department of Transport, located at International Airport at McCall Field. Smoke readings are determined at two stations: the one at the City Hall located in the commercial downtown area; the other at the A.G.T. Building on 42nd Avenue and 2nd Street S.E., providing readings from a predominantly industrial area. These recorders operate continuously on two-hour sampling cycles during each day and month of the year. Smoke density readings are expressed as COH units (concentration of haze) per 1,000 lineal feet of air drawn through the filter paper tapes. Peak monthly smoke reading recorded during 1967 was 3.700 COH units in the industrial area on January 9th, 1967, at noon. The highest average monthly smoke reading recorded in 1967 was from the City Hall unit when 0.672 COH units occurred during the month of January. The lowest average monthly readings during 1967 for Station #1 at the City Hall was in May, with a monthly mean reading of 0.203, and during June at Station #2, with a reading for the month of 0.200 COH units. As would be expected, smoke readings are at their maximum during the winter months, with a mean of 0.570 COH recorded, and at their lowest during the summer months, when a mean of 0.259 COH units was registered. The plots of the monthly means indicate a slight decline in smoke densities in general from that of the previous year, and would tend to indicate that with the total elimination of all forms of unregistered incineration a further reduction in smoke densities could be achieved. In general terms, for 75% of all readings the concentration of haze is consistently below 0.7 COH units, thereby indicating a satisfactory atmospheric quality exists.

To record chemical compounds resulting from photochemical reaction between nitrogen dioxide and certain organic compounds, i.e. total oxidants, an ozone analyser and recorder was put into operation in May 1967 at the City Hall. Records are obtained on hourly samples of the analysis of the atmosphere. Oxidant is recorded as parts of total oxidant per one-hundred million parts of air. The peak monthly reading occurred in October and was 6.630 p.p.h.m., with August recording the highest average reading at 0.801 p.p.h.m. Highest readings for this pollutant are observed during the summer months with the greater number of hours of sunshine being recorded.

Dustfall samples are collected at eleven stations in open-top cylinders with an area of 100 sq. cm. The total dustfall readings

are expressed as tons of dustfall per square mile per thirty days. The highest monthly dustfall recorded during the year was 155.8 tons/sq. mile/30 days at Station #11 in the extreme east part of the City. This high dustfall was suspected of being unduly contaminated by road dust raised by passing motor vehicles. It was subsequently relocated further from the gravel road and since then readings have been more in keeping with the other locations. Dustfall readings were generally in keeping with the figures required to be met by the Provincial standards in residential and industrial areas. On a seasonal average dustfall is least during the winter and fall months and greatest during the summer and spring seasons.

Hydrogen sulphide concentrations are expressed in SO₃ equivalent mg./100 sq. cm. of exposure cylinder. Readings are obtained at seven locations in the City. Highest readings for hydrogen sulphide occurred during January at all stations with 0.170 SO₃ equivalent mg./day/100 sq. cm. as the maximum. Average reading at all stations for hydrogen sulphide is 0.062 SO₃ equivalent mg./day/100 sq. cm. Where the readings are consistently below 0.1 mg./day/100 sq. cm. a satisfactory ambient air exists.

Total sulphation indicating the presence of oxides of sulphur were recorded at the eleven sampling stations within the City. The highest reading recorded was 0.739 SO₃ equivalent mg./day/100 sq. cm. at the station at the City Hall during January. Comparison of the yearly average total sulphation concentrations reveals a trend of a slowly rising increase as measured over the past four years. The average readings for total sulphation gathered from all eleven stations indicate a level of 0.283 SO₃ equivalent mg./day/100 sq. cm. By way of comparison, average readings below 0.7 SO₃ equivalent mg./day/100 sq. cm. is considered to be a satisfactory air quality.

Fluoride samples were collected on a monthly basis at four sampling stations during the year. The reading of fluoride concentration is expressed in units of mg. fluoride per 100 sq. cm. of filter paper per thirty days of exposure time. The highest reading recorded was 0.011 mg./100 sq. cm./30 days during the month of September in 1967. On twelve occasions the readings for fluoride were recorded as at nil. Fluoride concentrations are insignificant in the ambient air of the City.

Suspended particulate matter was measured on forty-two random occasions during the year by means of a high volume air sampler. A sample measured during February revealed 438 micrograms/cubic meter of air sampled. This is the highest reading recorded in the four years of random sampling measurements. Comparison with previous years reveals an upward trend in particulate matter concentrations in the ambient air.

Although the quality of the ambient air within the City poses no serious health problems, there are odd occasions during the winter months when atmospheric inversion conditions visibly demonstrate a pall of pollutants over the area of the City located in the Valley of the Bow

River. Although the automobile is probably the most significant source of air pollutants, little can be done to control this source at the present time. One source that can be eliminated which is totally unnecessary is the residential backyard home incinerator. Once adequate sanitary landfill sites have been obtained and put into operation, unnecessary sources of smoke can be controlled by the elimination of any form of burning in residential districts, as has been done in most cities of comparable size. Clean air is not cheap. Additional costs that may be occasioned by any increase in the sanitation service to eliminate this source of pollutants is well worth the price for an improved air quality standard.

On Sunday, August 27th, 1967, some fishermen fishing in the Bow River below Calgary reported an unusual incident indicating a severe condition of distress noted in the behaviour of the larger types of fish in the River. A check of the River during the following days revealed large numbers of fish had suddenly and mysteriously died, apparently of asphyxia. The Water Pollution Control Division of the Provincial Health Department obtained samples of the River water during the period August 28th to September 2nd between Calgary and the Carseland Dam. Dissolved oxygen concentrations were in the 9.00 mg./litre range though a twenty-four hour dissolved oxygen study at Stier's Ranch, fifteen miles below Calgary, did indicate that dissolved oxygen concentrations below 5 mg./litre for a period of ten hours during the night of August 31st did occur. The pH values of the River were taken but the readings did not reveal a departure from the norm. High ammonia nitrogen concentrations were, however, obtained at several sampling points along the lower reaches of the River. The conclusions resulting from the investigation of this incident suggests that the fish may have been adversely affected by toxic levels of ammonia released to the River from an undetermined source, coupled with a critical dissolved oxygen content of less than 5.0 mg./litre during the hours of darkness.

Plans are rapidly progressing for the installation of a system of secondary treatment for the City's Bonnybrook sewage treatment plant. When in full operation in 1970 the major source of BOD entering the Bow River will have been removed.

In any industrial community there are operations which produce levels of noise that can cause loss of hearing in workers who have long or repeated exposure to it. The Industrial Health Division of the Provincial Health Department has been conducting noise level measurements in certain industries where noise levels are known to be high as the result of normal operation. The aim is to identify operations which may be hazardous to certain categories of workers and to bring about improved working conditions by reducing the noise factor through improved engineering design or by isolating the source of noise. Apart from this the wearing of ear muffs or protectors for exposed workers may be necessary for hearing conservation. Evidence of a lowered hearing threshold invariably shows up initially in the frequency range above those employed for normal

conversation sound interpretation. Where noise levels exceed the accepted normal threshold values in certain frequencies, an insidious form of deafness may set in and progress if not recognized and measures adopted to prevent its progress. Where it has been demonstrated that levels of noise to which a workman is exposed in certain industries exceeds the acceptable threshold levels, the Health Department has provided the service of performing an audiometer hearing test. During the year, 64 men from 11 firms have received such a test. The services of the Department have been offered to such firms to have pre-employment audiograms recorded for all workers entering employment in the hazardous area and to ensure that a repeat test is performed at two-year intervals.

During the year the Department provided field work experience for three dental auxiliaries and again provided opportunity for nurses in training in hospitals to receive a period of instruction and observation with the public health nursing staff. A total of 135 students participated.

The Department would again wish to pay tribute to the ladies who have volunteered their time to assist nurses in the well baby clinics and act as recorders.

The Department is most appreciative of the help, advice and guidance given throughout the year by the following:-

His Worship the Mayor, Board of Commissioners and
 Members of City Council,
 Members of the Calgary Public and Separate School Boards,
 Superintendents and staffs of the Provincial Sanatoria and
 Mental Hospitals and Institutions,
 Alberta and Calgary (Kinsmen's Club) Tuberculosis Association,
 Provincial Cancer Clinic,
 Provincial Guidance Clinic,
 Provincial Social Hygiene Clinic,
 Victorian Order of Nurses,
 Metropolitan Life Assurance Company,
 Provincial Department of Health,
 The Director and staff of the Provincial Laboratory of
 Public Health, Southern Branch,
 Calgary General Hospital and Holy Cross Hospital staffs,
 The Calgary Press, Radio and Television Stations, and to the
 many volunteer workers in the City.

In closing this report, a word of thanks must go to all the members of the staff of this Department because without their loyalty, co-operation and the hard endeavour with which their duties have been carried out, the Medical Officer of Health would have no accomplishments to report.

Respectfully submitted,

Leslie C. Allan, M.B., Ch.B., D.P.H.,
 Medical Officer of Health.

S T U D E N T P R O G R A M M E
C I T Y O F C A L G A R Y H E A L T H D E P A R T M E N T

CALGARY GENERAL HOSPITAL:-School of Nursing

59 Students	-	1 day	
4 Students	-	1½ days	
		—	65 days

Student Dietitians

4 Students	-	3 days	
5 Students	-	2 days	
		—	22 days

HOLY CROSS HOSPITAL:-School of Nursing

12 Students	-	½ day	
26 Students	-	1½ days	
		—	45 days

MOUNT ROYAL COLLEGE:-Nursing Education

14 Students	-	½ day	
		—	7 days

UNIVERSITY OF ALBERTA:-Public Health Nurses

9 Students	-	2 weeks	
1 Student	-	½ day	
		—	90½ days

Dental Hygienist Students

3 Students	-	2½ days	
		—	7½ days

McGILL UNIVERSITY:-

1 Student	-	3 weeks	
		—	15 days

TOTAL 252 days

LECTURES TO STUDENTS & GRADUATES:- 10

COMMUNICABLE DISEASES REPORTED IN 1967

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Amoebic Dysentery												1	1
Bacillary Dysentery	1							6			1		8
Dysentery, Un-specified										2			2
Infectious Hepatitis	12	18	16	16	12	18	11	7	13	15	7	8	153
Malaria						1							1
Measles	161	147	148	129	248	134	36	4	15	72	37	54	1,185
Pertussis	34	19	23	29	22	17	9	5	19	13	6	6	202
Rubella	26	26	17	12	16	6	8	5	6	10	15	12	159
Salmonella Infection	8	1	5	2	2	3	1	3	5		1		31
Scarlet Fever & Strep Throat	18	13	17	19	8	10	1		2	4	22	37	151
Tuberculosis, Pulmonary	1	3	4	3	2	3	3	4	1	4	2	3	33
Tuberculosis, Non-Pulmonary				1		1	1	2		2			7
Typhoid Fever										1			1
T O T A L S	261	227	230	211	310	193	70	36	61	123	91	121	1,934

COMMUNICABLE DISEASES NOT NOTIFIABLE IN THE PROVINCE OF ALBERTA REPORTED IN 1967

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Mumps	206	177	158	284	164	142	81	6	11	27	42	21	1,319
Chickenpox	174	108	51	71	63	73	48	9	18	107	226	225	1,173
T O T A L S	380	285	209	355	227	215	129	15	29	134	268	246	2,492

VENEREAL DISEASE REPORT - 1967

	G O N O R R H O E A A L L F O R M S						SYPHILIS PRENATAL (Con- genital)		SYPHILIS ACQUIRED PRIMARY		SYPHILIS ACQUIRED SECONDARY		SYPHILIS ACQUIRED LATENT (Incl. Tentative)	
MONTH	15 - 19		20 Yrs. & Over		Age Not Stated		20 Yrs. & Over		20 Yrs. & Over		20 Yrs. & Over		20 Yrs. & Over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Jan.	4	2	43	3	1				2		1			
Feb.	5	1	29	6		1					1	2		
Mar.	4	1	43	2	2	1					1	1	1	1
Apr.	2	3	33	1					1					
May	4	1	33	5							1			
June	4	1	50	3	1	1			1			2		
July	8		56	1										
Aug.	3	1	62	2					2			1		
Sept.	4	2	55	4	1				1			3	1	
Oct.	2		60	1		1			1					
Nov.	3	4	51	2										2
Dec.	4	5	46	5	2			1						
TOTALS	47	21	561	35	7	4		1	8		4	9	2	3

TOTAL CASES OF GONORRHOEA:- 675
(Male - 615; Female - 60)

TOTAL CASES OF SYPHILIS:- 27
(Male - 14; Female - 13)
None reported for ages under 20 years.

V I T A L S T A T I S T I C S

LIVE BIRTHS 1963 - 1967

Out of 8,068 live-born babies registered in 1967, 689 were premature (the weight recorded as 5½ pounds or less) - this represents 8.5% of all births.

Year	Population	Births Incl. Non-Residents	Rate per 1,000 Population	Births - Res. Only	Rate per 1,000 Population
1967	335,806	8,068	24.0	7,301	21.7
1966	335,806	7,694	22.9	7,064	21.0
1965	311,116	7,895	25.4	7,235	23.2
1964	294,924	8,545	29.0	7,688	26.1
1963	276,975	9,084	32.8	8,032	29.0

STILLBIRTHS 1963 - 1967

Year	No. of Stillbirths Incl. Non-Residents	Rate per 1,000 Live Births Gross	Stillbirths Residents Only	Rate per 1,000 Live Births Net
1967	102	12.6	87	11.9
1966	74	9.6	62	8.8
1965	93	11.8	79	10.9
1964	107	12.5	96	12.5
1963	96	10.6	83	10.3

MARRIAGES - 1967

Number performed in 1967 in the City of Calgary was 3,224. Rate per 1,000 population - 9.6.

DEATHS AND MORTALITY RATE (EXCLUSIVE STILLBIRTHS) - 1963 - 1967

From all causes a total of 2,322 deaths were registered, a rate of 6.9 per 1,000 population, including 291 deaths of non-residents.

Year	No. of Deaths Incl. Non-Residents	Rate per 1,000 Population	No. of Deaths Residents Only	Rate per 1,000 Population
1967	2,322	6.9	2,031	6.0
1966	2,379	7.1	2,108	6.3
1965	2,252	7.2	1,982	6.4
1964	2,267	7.7	1,953	6.6
1963	2,072	7.5	1,780	6.4

CHIEF CAUSES OF DEATH, 1967, 1966, 1965
(TOTAL NUMBER INCLUDING NON-RESIDENTS)

CAUSES OF DEATH	Number of Deaths			Rate per 100,000 Population		
	1967	1966	1965	1967	1966	1965
Diseases of the heart, arteries & kidneys including apoplexy	913	915	882	271.9	272.2	283.5
Neoplasms - all forms	481	487	461	143.2	145.0	148.2
Violent & accidental deaths	191	186	170	56.9	55.4	54.6
Pneumonia, Bronchitis & Influenza	100	201	126	29.8	59.8	40.5
Certain diseases of early infancy	98	71	98	29.2	21.1	31.5
Congenital malformations	57	47	47	17.0	14.0	15.1
Diabetes Mellitus	44	31	32	13.1	9.2	10.3
Communicable diseases (other than TB, Pneumonia & Influenza) including late effects	8	10	12	2.4	3.0	3.8
Tuberculosis - all forms	*4	*3	7	1.2	0.9	2.2
All other causes	426	428	419	126.8	127.4	134.7
Totals	2,322	2,379	2,254			

This number includes deaths from Tuberculosis of Calgary residents confined in TB Sanatoria outside Calgary City limits.

INFANT DEATHS AND MORTALITY RATES 1963 - 1967
FIRST YEAR OF LIFE ONLY

	1967		1966		1965		1964		1963	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net
Number of Infant Deaths	174	153	135	125	170	155	201	180	187	156
Rate per 1,000 Live Births	21.6	20.9	17.5	17.7	21.5	21.4	23.5	23.4	20.6	19.4

INFANT MORTALITY BY CAUSES OF DEATHS - 1963-1967

Of the 174 infant deaths registered in 1967, 87 occurred within the first twenty-four hours of life, 34 deaths occurred after twenty-four hours but within the first week of life, and 10 deaths occurred after one week of life but within the first month of life; combined they represent 75.3% of the total infant deaths.

Causes of Death	1967	1966	1965	1964	1963
Immaturity and ill-defined diseases of early infancy	83	47	71	94	71
Congenital Malformations	41	37	37	27	31
Pneumonia and respiratory infection	11	12	11	17	13
Postnatal asphyxia and atelectasis	7	9	11	22	23
Injuries at Birth	2	6	3	4	5
Haemolytic disease of the newborn	1	4	3	2	6
Accidents	4	3	5	2	1
All other and unknown causes	25	17	29	33	37
Total	174	135	170	201	187

MATERNAL MORTALITY (INCLUDING NON-RESIDENTS)
1963 - 1967

Year	Live Births	Number of Maternal Deaths		Rate per 1,000 Live Births
		Resident	Non-Resident	
1967	8,068	-	1	0.12
1966	7,694	1	1	0.26
1965	7,895	1	-	0.13
1964	8,545	-	1	0.12
1963	9,084	1	-	0.11

CAUSES OF MATERNAL DEATHS - 1967

	Number Including Non-Residents	Residents Only
Abortions (Septic and Non-Septic)	-	-
Toxaemias of Pregnancy	-	-
Accidents of Labour and Delivery (Haemorrhage of Childbirth)	1	-
Puerperal Causes (Sepsis, Toxaemia, Etc.)	-	-
Other Causes	-	-

REPORTED CASES AND DEATHS FROM COMMUNICABLE DISEASES (RESIDENTS ONLY) - 1967

D I S E A S E	Cases		0 - 4 Yrs.		5 - 14 Yrs.		15 Yrs. & Up		Total	
	M	F	Cases	Dths.	Cases	Dths.	Cases	Dths.	Cases	Dths.
Amoebic Dysentery	1						1		1	
Bacillary Dysentery	5	3	2		4		2		8	
Dysentery, Unspecified	2		2						2	
Infectious Hepatitis	71	82	4		53		96		153	
Malaria		1					1		1	
Measles	572	613	141		1,040		4		1,185	
Pertussis	104	98	61		138		3		202	
Rubella	80	79	63		89		7		159	
Salmonella Infection	18	13	16		6		9		31	
Scarlet Fever and Strep- tococcal Sore Throat	85	66	26		122		3		151	
Tuberculosis, Pulmonary	14	19	3		2		28	*3	33	*3
Tuberculosis, Non-Pulm.	3	4			1		6		7	
Typhoid Fever	1				1				1	
Totals	956	978	318		1,456		160	3	1,934	3

* All three deaths from Pulmonary Tuberculosis occurred in TB Sanatoria.
One death from Measles (with Pneumonia) was reported in a non-resident infant admitted to a Calgary Hospital.

REPORTED CASES AND DEATHS FROM TUBERCULOSIS 1963 - 1967

Year	New Active Cases	Number Died in Calgary	Number Died in Sanatoria	Total Deaths	DEATH Rate per 100,000 Population
1967	40	-	3	3	0.9
1966	35	1	2	3	0.9
1965	33	5	2	7	2.2
1964	46	3	11	14	4.7
1963	41	4	11	15	5.4

Reported Cases and Deaths from Chickenpox, Diphtheria,
Infectious Hepatitis, Measles, Meningococcal Meningitis,
Pertussis, Salmonella Infection, Etc. 1965 - 1967

Communicable Disease	C A S E S			D E A T H S			Mortality Rate per 100,000 Population		
	1965	1966	1967	1965	1966	1967	1965	1966	1967
Chickenpox	794	628	1,173		1			0.3	
Diphtheria	2	1							
Infectious Hepatitis	150	100	153	1			0.32		
Measles	2,793	765	1,185	3			1.0		
Meningococcal Meningitis	1	2		1			0.32		
Pertussis	68	90	202						
Salmonella Infection	49	35	31	1			0.32		

CAUSES OF DEATH BY AGE AND SEX (GROSS) 1967

	Male	Female	Under 1 Yr.	1-4 Yrs.	5-14 Yrs.	15-24 Yrs.	25-44 Yrs.	45-64 Yrs.	65 Yrs. & Up	Totals
1. Infective and Parasitic Diseases	8	4	1	1			1	4	5	12
2. Neoplasms - all forms	272	209	2	3	6	3	53	133	281	481
3. Allergic, endocrine system, metabolic and nutritional diseases of the blood and blood forming organs	36	22			1		3	22	32	58
4. Mental, psychoneurotic and personality disorders (alcoholism)	4	2					1	4	1	6
5. Diseases of the nervous system and sense organs	171	135	1		2	1	10	40	252	306
6. Diseases of the circulatory system	353	231			2		16	113	453	584
7. Diseases of the respiratory system	89	43	8	1	1		5	21	96	132
8. Diseases of the digestive system	73	45	3			1	10	27	77	118
9. Diseases of the genito-urinary system	38	16					5	10	39	54
10. Deliveries and complications of pregnancies, childbirth and puerperium		1					1			1
11. Diseases of skin and cellular tissue; diseases of bones and organs of movement	3	5						4	4	8
12. Congenital malformations	33	24	41	7	2	3	1	2	1	57
13. Certain diseases of early infancy (including prematurity and birth injuries)	57	41	98							98
14. Symptoms, senility and ill-defined conditions	148	68	15	1		1	13	56	130	216
15. Accidents, poisonings and violence	120	71	5	6	15	28	49	33	55	191
Total	1,405	917	174	19	29	37	168	469	1,426	2,322
Stillbirths	58	44								

CAUSES OF DEATH - 1967
Intermediate List of 150 Causes

List No.	Causes of Death	Sex	Total	Residents	Non-Res.	AGE AT DEATH						
						Under 1 yr.	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	and over 65 years
A - 1	Tuberculosis of respiratory system	M F	3	3								3
A - 2	Tuberculosis of meninges and central nervous system	M F	1		1		1					
A - 10	All other Syphilis	M F	3	3							2	1
A - 29	Acute Infectious Encephalitis	M F	1 1	1 1						1		1
A - 30	Late effects of acute Poliomyelitis	M F	1	1							1	
A - 32	Measles	M F	1		1	1						
A - 43	All other diseases classified as infective and parasitic	M F	1	1							1	
A - 44	Malignant neoplasm of buccal cavity and pharynx	M F	1 1	1 1							1	1
A - 45	Malignant neoplasm of oesophagus	M F	5 2	3 2	2						1	5 1
A - 46	Malignant neoplasm of stomach	M F	16 12	13 11	3 1					2 1	2 4	12 7
A - 47	Malignant neoplasm of intestine, except rectum	M F	24 26	22 24	2 2						3 3	21 21
A - 48	Malignant neoplasm of rectum	M F	14 7	11 5	3 2					3 2	4 1	7 4
A - 49	Malignant neoplasm of larynx	M F	4	3	1						2	2
	Carried Forward		124	106	18	1	1			11	25	86

List No.	Causes of Death	Sex	Total	Residents	Non-Res.	A G E A T D E A T H						
						Under 1 yr.	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 years and over
	Brought Forward		124	106	18	1	1			11	25	86
A - 50	Malignant neoplasm of trachea, bronchus and lung (not specified as secondary)	M	69	59	10					2	24	43
		F	10	8	2					1	5	4
A - 51	Malignant neoplasm of breast	M										
		F	43	40	3					8	15	20
A - 52	Malignant neoplasm of cervix uteri	M										
		F	12	11	1					5	5	2
A - 53	Malignant neoplasm of other and unspecified parts of uterus	M										
		F	3	3								3
A - 54	Malignant neoplasm of prostate	M	35	29	6						3	32
		F										
A - 55	Malignant neoplasm of skin	M	2	1	1						1	1
		F	1		1						1	
A - 56	Malignant neoplasm of bone and connective tissue	M	5	5							1	4
		F	4	4				2			2	
A - 57	Malignant neoplasm of all other and unspecified sites	M	60	49	11	1		1		5	17	36
		F	65	54	11			2		7	21	35
A - 58	Leukaemia and aleukaemia	M	14	12	2		1	1	1	4	4	3
		F	15	12	3		1			5	3	6
A - 59	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	M	23	21	2		1		1	6	8	7
		F	6	6					1		1	4
A - 60	Benign neoplasms and neoplasms of unspecified nature	M										
		F	2	2		1					1	
	Carried Forward		493	422	71	3	4	6	3	54	137	286

List No.	Causes of Death	Sex	Total	Residents	Non-Res.	A G E A T D E A T H						
						Under 1 yr.	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 years and over
	Brought Forward		493	422	71	3	4	6	3	54	137	286
A - 63	Diabetes Mellitus	M	30	26	4					1	13	16
		F	14	13	1						3	11
A - 65	Anaemias	M	2	2							1	1
		F										
A - 66	Allergic disorders; all other endocrine, meta- bolic and blood dis- eases	M	4	2	2					1	3	
		F	8	7	1			1		1	2	4
A - 67	Psychoses	M	1	1						1		
		F	1	1							1	
A - 68	Psychoneuroses and dis- orders of personality (alcoholism)	M	3	3							2	1
		F	1	1							1	
A - 70	Vascular lesions affect- ing central nervous system	M	151	134	17					4	20	127
		F	124	113	11					3	8	113
A - 71	Non-meningococcal menin- gitis	M	1		1	1						
		F	1		1						1	
A - 72	Multiple Sclerosis	M	3	2	1						3	
		F	2	2							1	1
A - 73	Epilepsy	M	8	8				1	1	3	2	1
		F	2	2				1			1	
A - 77	Otitis Media and mastoiditis	M	1	1								1
		F										
A - 78	All other diseases of the nervous system and sense organs	M	7	7							2	5
		F	6	6							2	4
A - 80	Chronic rheumatic heart disease	M	13	10	3					3	8	2
		F	15	13	2					2	4	9
	Carried Forward		891	776	115	4	4	9	4	73	215	582

List No.	Causes of Death	Sex	Total	Residents	Non-Res.	A G E A T D E A T H						
						Under 1 yr.	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 years and over
	Brought Forward		891	776	115	4	4	9	4	73	215	582
A- 81	Arteriosclerotic and degenerative heart disease	M	276	240	36					8	67	201
		F	159	148	11					1	9	149
A- 82	Other diseases of heart	M	2	2							1	1
		F	7	6	1						3	4
A- 83	Hypertension with heart disease	M	9	8	1						3	6
		F	11	10	1						2	9
A- 84	Hypertension without mention of heart	M	12	12						1	3	8
		F	13	13							2	11
A- 85	Diseases of arteries	M	37	34	3			1		1	7	28
		F	22	22				1			1	20
A- 86	Other disease of cir- culatory system	M	4	4								4
		F	4	2	2						3	1
A- 87	Acute respiratory infections	M	1	1			1					
		F										
A- 88	Influenza	M	1	1								1
		F	2	2								2
A- 89	Lobar Pneumonia	M	3	3							1	2
		F	1	1								1
A- 90	Bronchopneumonia	M	18	14	4	1					1	16
		F	13	12	1						1	12
A- 91	Primary atypical, other, and unspecified Pneumonia	M	20	17	3	2				2		16
		F	16	14	2	5					1	10
A- 93	Bronchitis, chronic and unqualified	M	20	17	3						2	18
		F	5	5							2	3
A- 95	Empyema and abscess of lung	M	1		1						1	
		F										
	Carried Forward		1548	1364	184	12	5	11	4	86	325	1105

List No.	Causes of Death	Sex	Total	Residents	Non-Res.	A G E A T D E A T H						
						Under 1 yr.	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 years and over
	Brought Forward		1548	1364	184	12	5	11	4	86	325	1105
A- 97	All other respiratory diseases	M	25	22	3					1	10	14
		F	6	6				1		2	2	1
A- 99	Ulcer of stomach	M	7	6	1						2	5
		F	3	2	1						1	2
A- 100	Ulcer of duodenum	M	8	7	1					1		7
		F	5	5						1		4
A- 101	Gastritis and duodenitis	M	1	1								1
		F	1	1								1
A- 102	Appendicitis	M	2	2							1	1
		F										
A- 103	Intestinal obstruction and hernia	M	13	10	3	1				2	2	8
		F	4	3	1					2		2
A- 104	Gastro-enteritis and colitis, except diarrhoea of the new-born	M	5	3	2	2						3
		F	7	6	1						1	6
A- 105	Cirrhosis of liver	M	18	16	2					2	12	4
		F	11	9	2				1	1	3	6
A- 106	Cholelithiasis and cholecystitis	M	4	3	1						1	3
		F	4	3	1						1	3
A- 107	Other diseases of the digestive system	M	15	14	1					1	2	12
		F	10	8	2						1	9
A- 108	Acute nephritis	M	1	1								1
		F										
A- 109	Chronic, other, and unspecified nephritis	M	9	8	1					2	3	4
		F	11	9	2					2	1	8
A- 110	Infections of kidney	M	7	6	1						2	5
		F	3	3							1	2
	Carried Forward		1728	1518	210	15	5	12	5	103	371	1217

List No.	Causes of Death	Sex	Total	Residents	Non-Res.	A G E A T D E A T H						
						Under 1 yr.	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 years and over
	Brought Forward		1728	1518	210	15	5	12	5	103	371	1217
A- 112	Hyperplasia of prostate	M F	17	14	3						1	16
A- 114	Other diseases of genito- urinary system	M F	4 2	3 2	1					1	1	3
A- 117	Haemorrhage of pregnancy and childbirth	M F	1		1					1		
A- 121	Infections of skin and subcutaneous tissue	M F	1	1							1	
A- 122	Arthritis and spondylitis	M F	2 1	1 1	1						2	1
A- 125	Ankylosis and acquired musculoskeletal deformities	M F	1	1								1
A- 126	All other diseases of skin and musculo- skeletal system	M F	3	3							1	2
A- 127	Spina bifida and meningocele	M F	1 4	1 3	1	1 4						
A- 128	Congenital malformations of circulatory system	M F	13 9	11 8	2 1	10 5	1 2	1	1	1	1	
A- 129	All other congenital mal- formations	M F	19 11	15 11	4	15 6	3 1	1	2		1	1
A- 130	Birth injuries	M F	2	2		2						
A- 131	Postnatal asphyxia and atelectasis	M F	2 5	1 5	1	2 5						
A- 132	Infections of the new- born	M F	1 2	1 2		1 2						
	Carried Forward		1829	1604	225	68	12	14	8	106	380	1241

List No.	Causes of Death	Sex	Total	Residents	Non-Res.	A G E A T D E A T H						
						Under 1 yr.	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 years and over
	Brought Forward		1829	1604	225	68	12	14	8	106	380	1241
A- 133	Haemolytic disease of the newborn	M F	1	1		1						
A- 134	All other defined diseases of early infancy	M F	1 1	1	1	1 1						
A- 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	M F	50 33	47 32	3 1	50 33						
A- 136	Senility without mention of psychosis	M F	25 23	25 21	2							25 23
A- 137	Ill-defined and unknown causes of morbidity and mortality	M F	123 45	109 40	14 5	9 6	1		1	10 3	45 11	59 23
AE 138	Motor Vehicle Accidents	M F	39 17	23 11	16 6		1	2 2	13 3	7 2	9 5	8 4
AE 139	Other transport accidents	M F	3 1	1	2 1			1		3		
AE 140	Accidental poisoning	M F	9 1	7	2 1		1		1 1	5	2	
AE 141	Accidental falls	M F	20 26	18 22	2 4	1		1		2	1	16 25
AE 142	Accidents caused by machinery	M F	2	1	1				2			
AE 143	Accidents caused by fire and explosions of combustible material	M F	4 1	3 1	1				1	3	1	
AE 146	Accidental drowning and submersion	M F	3	3				2		1		
	Carried Forward		2257	1970	287	170	15	22	30	142	454	1424

List No.	Causes of Death	Sex	Total	Residents	Non-Res.	A G E A T D E A T H						
						Under 1 yr.	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 years and over
	Brought Forward		2257	1970	287	170	15	22	30	142	454	1424
AE 147	All other accidental causes	M	5	5		1	1			3		
		F	4	4		2		1		1		
AE 148	Suicide and self- inflicted injury	M	28	27	1			3	3	11	9	2
		F	14	12	2				2	9	3	
AE 149	Homicide and injury purposely inflicted by other persons	M	7	7		1	1	1	1	1	2	
		F	7	6	1		2	2	1	1	1	
	Totals		2322	2031	291	174	19	29	37	168	469	1426

Dr. L. C. Allan,
Medical Officer of Health,
Health Department.

Dear Dr. Allan:-

I have the honor and pleasure of presenting to you the Annual Report of the Inspectional Division and the Laboratory for the year 1967.

I would like to express to you my own appreciation as well as that of the inspectors and the laboratory personnel for your help, advice and guidance during the year.

In addition to their normal duties of inspections, investigations, reports and attending to complaints received, the inspectors did an excellent job in delivering lectures to various groups. These lectures included such subjects as food handling, sanitation, use of pesticides and poisons for insect and rodent control and personal hygiene. In order to give experience to the inspectors, lectures were rotated so that each inspector gave at least one lecture. Groups given lectures included student nurses of the Holy Cross Hospital, dietary technology students of the Rockyview Hospital, food service students of the Southern Alberta Institute of Technology, Shaughnessy Vocational High School, James Fowler High School, and to hospital and nursing home students of the Southern Alberta Institute of Technology. In addition, the inspectors conducted student nurses and student dental hygienists on tours of the waterworks plant at Glenmore, the Bonnybrook sewage disposal plant, a local dairy plant and a meat packing plant.

A concerted effort was made to eliminate all incineration by commercial firms and apartments. In the large majority of instances management co-operated to the fullest extent. The most difficult problem is to convince owners of old boiler-type incinerators to have these eyesores removed from their property. We did manage to get rid of a fair number through the co-operation of salvage firms who removed these incinerators without charge to the owners.

Servicing the air pollution sampling stations continued on a regular routine basis throughout the year. Samples of City water were collected on a daily basis every other month and submitted to Ottawa, where it is tested to determine the amounts of radioactive fallout in our water supply. In addition, water samples were taken from all water wells within the City for bacteriological examination. New wells were tested bacteriologically and chemically. Samples of City water were routinely taken and tested bacteriologically.

All public and semi-public swimming pools submitted samples of the pool water weekly for bacteriological examination. The swimming pool water records were examined routinely in order to ensure that the

pools were being properly maintained. In addition, our services were offered to owners of private pools, the majority of owners taking advantage of this service.

Routine inspections were carried out on all food-handling establishments. This included the taking of swab tests on dishes and utensils of each restaurant twice during the year.

All other aspects of environmental health were attended to.

I wish to extend my thanks and appreciation to the senior and district inspectors for their co-operation and dedicated work during this past year.

I also wish to thank the dairy inspector and dairy farm inspectors for the very excellent job they performed throughout the year to ensure that the supply of milk to the citizens of Calgary was of the highest quality.

With the passing of the senior laboratory technician, Mr. J. Clarke, Miss M. J. Coatsworth carried a double load until a replacement was found in the person of Mr. G. Kurdydyk. This effort on Miss Coatsworth's part was very much appreciated.

Mr. Joseph Cools assisted us in the pigeon control programme. His efforts were directed to trapping pigeons in the downtown area where traps could be placed. He also rendered assistance to elderly home owners who were unable to do anything to rid their houses of pigeons. During the summer and early fall he destroyed a total of 789 pigeons. In addition, it is estimated that a further 60 were destroyed through the use of the Bird-X Perches.

Our efforts in controlling the numbers of flies in the City over the past years has resulted in very few complaints being received in this regard. The programme this year consisted of treatment of fly breeding areas which, although not entirely ridding the City of this nuisance, did reduce their numbers to a very great extent. The mosquito nuisance was quite pronounced this year. Through co-operation with the Parks Department both these pests were kept under reasonable control.

The following are the statistical reports.

Respectfully submitted,

J. Crichton, C.S.I. (C), M.R.S.H.,
Chief Inspector.

STATISTICAL SUMMARY OF DISTRICT INSPECTIONS

DETAILED REPORT - 1967

	<u>Number Established as of December 67</u>	<u>Number of Inspections Made</u>
Abattoirs	1	85
Air Pollution Stations	11	1,674
Ambulances	9	20
Apartment Blocks	615	673
Auto Courts	50	281
Aviaries	2	4
Apiaries	1	3
Accessory Buildings	-	12
Arena	1	1
 Bakeries	 86	 917
Barber Shops	210	895
Basement Rooms	-	60
Basement Suites	-	110
Baths	9	18
Beauty Parlors	224	898
Beverage Rooms	38	330
Boarding Houses	3	1
Bottling Works	8	69
Bowling Alleys	15	75
Breweries	3	41
Butchers	140	832
Billiard Halls	29	118
 Cabarets	 27	 71
Camp Grounds	3	14
Candy Manufacturing	3	13
Canneries	2	7
Caterers	32	224
Chickens	-	9
Chicken Slaughter Houses	5	18
Chinchilla Farms	78	109
Clubs	31	132
Cocktail Lounges	41	335
Concessions - Exhibition Grounds	-	2,415
 Dogs	 -	 27
Dairy Bars	22	163
Day Nurseries	63	111
Departmental Stores	28	187
Drugs Stores	103	11
Dry Cleaners	75	119
Dry Cleaners - Coin	21	30
Dye House	1	3
Delicatessen	6	42

	<u>Number Established as of December 67</u>		<u>Number of Inspections Made</u>
Egg Processing	3	.....	2
Factories	43	.....	129
Feed Lots	25	.....	128
Fish Markets	3	.....	18
Fish Wholesale	3	.....	18
Food Packaging	3	.....	48
Fur Farms	6	.....	36
Foster Homes	4	.....	4
Freezer Plants	2	.....	20
Garages	59	.....	132
Garbage .....	-	.....	1,692
Groceries	341	.....	2,149
Halls	114	.....	128
Hatcheries	8	.....	34
Hawkers	6	.....	77
Home Occupations	18	.....	35
Horses .....	-	.....	19
Hospitals	10	.....	6
Hostels	2	.....	17
Hotels	44	.....	101
Housing .....	-	.....	457
Honey Processing	1	.....	4
Heating and Ventilation .....	-	.....	6
Ice Cream & Soft Drinks	234	.....	657
Institutions and Schools	200	.....	192
Incinerators .....	-	.....	84
Infestations .....	-	.....	43
Kennels (Boarding)	9	.....	20
Kennels (Registered)	11	.....	16
Kindergartens	93	.....	226
Lanes .....	-	.....	814
Laundries	48	.....	106
Laundries - Coin	26	.....	86
Locker Plants	7	.....	50
Massage Parlours	8	.....	3
Miscellaneous .....	-	.....	3,915
Mobile Canteens	16	.....	59
Meat Processing	15	.....	63
Motels	68	.....	40

	<u>Number Established as of December 67</u>		<u>Number of Inspections Made</u>
Noxious Gases .....	-	.....	17
Nursing Homes	21	.....	87
Office Buildings .....	-	.....	33
O.P.C. Beverage Rooms .....	-	.....	143
O.P.C. Cocktail Lounges .....	-	.....	165
O.P.C. Restaurants .....	-	.....	2,673
O.P.C. Wells .....	-	.....	342
O.P.C. Turtle Water .....	-	.....	2
Paper & Metal Salvage	1	.....	32
Pest Control .....	-	.....	170
Pet Shops	17	.....	65
Pigeons .....	-	.....	99
Pigeon Lofts	58	.....	190
Pig Farms	11	.....	36
Plumbing .....	-	.....	26
Poultry .....	-	.....	27
Poultry Keepers	12	.....	9
Rendering Plants	3	.....	51
Restaurants	407	.....	5,924
Riding Academies	3	.....	3
Roller Rinks	22	.....	4
Rooming Houses	22	.....	25
Rodents .....	-	.....	56
Second-Hand Clothing Store	14	.....	1
Service Stations	316	.....	13
Septic Tanks	200	.....	22
Sewage Disposal	2	.....	24
Staff Cafeterias	38	.....	305
Swimming Pools Private	12	.....	16
Swimming Pools Semi-Private	29	.....	182
Swimming Pools Public	12	.....	115
Slaughter Houses	4	.....	17
Shopping Centres	79	.....	137
Skating Arena	4	.....	1
Tanneries	1	.....	14
Tattoo Parlours	1	.....	-
Theatres	17	.....	53
Toilet Accommodations .....	-	.....	114
Trailers .....	-	.....	108
Trailer Courts	13	.....	152

	<u>Number Established as of December 67</u>		<u>Number of Inspections Made</u>
Unsightly Premises .....	-	.....	628
Used Car Lots	30	.....	26
Veterinary Clinics.....	20	.....	1
Warehouses	82	.....	215
Waste Disposal .....	-	.....	1,980
Waste Disposal Grounds	5	.....	65
Wells	503	.....	283
Wells - Chemical .....	-	.....	148
Weeds .....	-	.....	44
Water Pollution .....	-	.....	3

FOODSTUFFS CONDEMNED:-

2,000 lbs. lettuce in April 1967

100 lbs. lard, 50 lbs. hamburger and 50 lbs. potato chips in May 1967

130 lbs. hamburger, 30 lbs. pork chops, 200 lbs. wieners and 50 lbs. bacon
in July 1967

MISCELLANEOUS PROCEDURES

Complaints	1,858	Written Reports	758
Complaints Call Back	1,631	Letters	300
Notices - Verbal	4,397	Lectures and Meetings	88
Notices - Written	590		
Planning Applications	484		
Requests for Inspections	373		

MEAT INSPECTION

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<u>Submitted:-</u>													
Beef	266	211	225	232	306	233	207	227	230	239	247	218	2,841
Veal	237	196	267	246	227	213	195	110	278	173	209	143	2,494
Hogs	29	23	19	23	17	20	18	20	13	28	62	29	301
Sheep & Lamb	56	21	49	4	37	15	23	32	33	34	50	55	409
TOTALS	588	451	560	485	587	461	443	389	554	474	568	445	6,045
<u>Condemned:-</u>													
Beef						1							1
Veal	2	1	1						2				6
Hogs				1									1
Sheep & Lamb													-
TOTALS	2	1	1	1		1			2				8
<u>Portions Condemned:-</u>													
Beef Heads & Tongues	1	6	1	1	1	2		3	1	1	1	1	19
Beef Hearts	5	6	1	1	1	2	6	5	5	3	3	2	40
Beef Livers	91	68	52	72	99	78	57	73	64	67	98	47	866
Veal Heads & Tongues		3	4	2				2	2	1	1		15
Veal Livers	27	24	34	53	46	40	22	14	19	30	8	9	326
Hog Heads & Tongues	1	1										1	3
Hog Hearts		2						1		1			4
Hog Livers	2	2	1	8		3	6		3	4	8		37
Sheep Livers	3		4		19	5	5			5	21	1	63
TOTALS	130	112	97	137	166	130	96	98	94	112	140	61	1,373

DAIRIES AND MILK CONTROL

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Dairy Farm Inspections	76	77	53	93	110	83	60	70	43	96	93	60	914
Milk Plant Inspections	32	30	32	29	30	30	26	14	32	31	30	28	344
Permits Issued to Dairymen	269			1	1	1	1	2			1		276
Permits Issued to Distributors	5				1								6
Permits Issued to Milk Plants	4												4
Permits Issued to Collectors					1								1
Permits Suspended						1							1
Complaints Received		1	1	4	1	1	1	1	5	3	1	2	21
Complaints Justified		1	1	2	1	1	1	1	3	1	1	2	15
Notices Issued	65	61	43	74	145	129	116	90	33	61	91	64	972
Special Tests	5	7	7	21	19	17	27	6	3	9	19	6	146
Dairymen's Samples Collected - Total	503	512	390	519	591	535	410	374	401	490	533	433	5,691
Distributors' Samples Collected - Total	219	211	215	215	276	212	196	235	225	275	245	169	2,693
Total Samples Collected	727	730	612	755	886	764	633	615	629	774	797	608	8,530

DAIRYMEN'S TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Good	391	446	350	465	333	316	207	211	269	379	366	274	4,007
Fair	85	49	31	33	67	96	79	65	56	82	77	71	791
Bad	27	17	9	21	56	55	67	46	22	29	27	23	399
Total	503	512	390	519	456	467	353	322	347	490	470	368	5,197

SEDIMENT TESTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Good					49	30	13	24	31		27	28	202
Fair					43	23	22	16	15		18	20	157
Bad					43	15	22	12	8		18	17	135
Total					135	68	57	52	54		63	65	494

AVERAGE OFFICIAL PLATE COUNTGLASS BOTTLES

Standard	5,700
Homogenized	< 3,000
Homogenized $\frac{1}{2}$ Gal.	3,000
Skim	< 3,000
Partly Skim	3,500
Partly Skim $\frac{1}{2}$ Gal.	< 3,000
Substandard Cream	5,500
Whipping Cream	5,500
Chocolate	3,500

CARTONS

Standard	7,500
Homogenized	3,000
Homogenized $\frac{1}{2}$ Gal.	< 3,000
Skim	3,000
Partly Skim	3,000
Partly Skim $\frac{1}{2}$ Gal.	3,200
Substandard Cream	3,500
Whipping Cream	5,800
Chocolate	3,500

AVERAGE BUTTER FAT CONTENT

Standard	3.29	Partly Skim	2.11
Homogenized	3.28	Substandard	10.22
Skim	.11	Whipping Cream	34.72

Total Milk Sales in Quarts 31,304,729

Total Cream Sales in Quarts 1,805,402

Per Capita, per day consumption of milk - 0.511 pint

Per Capita, per day consumption of cream - 0.029 pint

EXAMINATION OF WATER SUPPLIES

S A M P L E	Number Received	Presum. Lactose 100 cc.	Presum. Lactose 10 cc.	Presum. Lactose 1 cc.	Agar Plate Count	Confir- mation (BGB)	Total
City Water	1,380	2,341	117	117	2,650	557	5,782
Glenmore Plant	751	2,181	2,037	2,037	1,502	212	7,969
Well Water	1,058	2,912	2,388	2,388	2,116	512	10,316
Miscellaneous (Waterworks)	232	690	690	690	464	500	3,034
TOTAL	3,421	8,124	5,232	5,232	6,732	1,781	27,101

EXAMINATION OF MILK SAMPLES

Number of Samples Received	Bab- cock	Phos- pha- tase	Spec- ific Gra- vity	Total Solids Tests	Total Solids Not Fat Test	TGEM Plate Count	BGB Coli- forms	Plate Count on Pro- ducers' Samples	Total
2,032	323	239	290	290	290	4,089	10,131	5,105	20,757

STORE MILK

Number of Samples	Bacteria Count	BGB Coliform Tests	Total
664	1,328	3,320	4,648

MISCELLANEOUS TESTS

Plate Counts on Restaurant and Beverage Room Utensils	3,382
Chemical Analyses on Water Samples	1,823
Fluoride Tests on Water Samples	455
Various Tests (Soft Drink, Tuna Fish, Urinalyses, Etc.)	<u>52</u>
Total	5,712

TOTAL TESTS DONE:-

Water Supplies	27,101
Milk Samples	20,757
Store Milk	4,648
Miscellaneous Tests	<u>5,712</u>
GRAND TOTAL	58,218

1 9 6 7 A N N U A L R E P O R T
C H I L D A N D M A T E R N A L H E A L T H

Agnes E. O'Neil, M.D., D.P.H.,
 Deputy Medical Officer of Health.

INFANT AND PRESCHOOL

Attendance at our Child Health Centres continues to be high (P.51-52). People of all socio-economic levels use this service. In the same centres, having their babies weighed and immunized and discussing feeding or training with the public health nurse, can be found the wife of an oilman, a lawyer, doctor, baker, street cleaner or prisoner. There has been some expression on the part of certain of the people's elected representatives that it is undesirable that public services of this sort be extended to self-supporting and even prosperous members of society. However, we can say that the Health Department is not contributing to segregation and alienation of an underprivileged group. In large cities where complete separation of privileged and underprivileged groups has taken place, social and health problems are greater and combatted with poor results.

An example of a good service of our child health program which would not have occurred if it had served only the fifth of the population with the lowest income was drawn to our attention by a Calgary orthopaedic surgeon who was compiling a count of cases of congenital dislocation of the hip treated in Calgary hospitals in 1964, 1965 and 1966 for a report given to the Royal College of Physicians and Surgeons of Canada. Over this period of three years, there was a striking reduction of cases discovered late (i.e. after the child began to walk).

	<u>Cases Treated</u>	<u>Diagnosed and Treated Before Walking</u>	<u>Diagnosed and Treated After Walking</u>
1964	18	2	16
1965	16	8	8
1966	16	14	2

Our introduction to our baby clinics of the "abduction test" during the year 1964 was given credit for this earlier discovery and treatment leading to prevention of lifelong crippling handicaps.

Our Child Health Centres at the City Hall, North Hill, Haysboro Bowness and Forest Lawn are the locations where, at certain hours, fluoride prescriptions are filled with the tablets and drops provided by the Alberta Department of Health. Our nurses and doctors in their normal contacts with parents at schools and clinics promote the use of this preventive dietary supplement for the growing children of our community. 17,870 initial prescriptions were filled. Based on prescriptions initially filled in 1966, we can expect between $\frac{1}{4}$ and $\frac{1}{3}$ of these to continue as long as to receive one refill and $\frac{1}{7}$ to continue long enough to get two refills. Total per-

severance of the whole 17,870, not just for one or two refills, but day in and day out, year in and year out, is required before even this portion of our child population has the benefit that it could get from fluoridated municipal water supply.

We can assess the immunization coverage of our population provided in our Child Health Centres by the count of children entering Grade 1 at school who have protection against the diseases set out on Page 50. The most recent development is a protection from Measles of 71% of our school entrants. This year our protection rate among Grade 1 entrants against Smallpox is only 68%, against Diphtheria, Tetanus and Poliomyelitis is over 90%. Many of these will get booster doses during Grade 1 to bring their immunization up to date.

MATERNAL

Another new development in 1967 was the introduction of the matter of limitation or spacing of births to the topics about which our Public Health Nurses are able to give information when asked, or even to offer help when they feel a mother might like it but is reluctant to ask. Our staff was prepared for this gradually over the period of the previous year by films, lectures, printed materials and aids developed in other places where family planning programs are in operation. This is not a time consuming part of our service in contrast to the other service planned for mothers, namely, the prenatal classes (see P.53). Private physicians, general practitioners and specialists prescribe contraception for their own patients when asked. For those on public assistance, doctors' fees and medication or devices are covered in their assistance.

SCHOOL

The Calgary schools provide the City Health Department with the opportunity to reach every child regardless of economic position or care given by parents. In this respect our school health services differ from other health facilities like our Child Health Centres (Baby Clinics) which, like the private physician, depend more on the motivation of the parents for their utilization. Many of the services offered through the Health Department in the schools require some act by the parent or child to result in actual achievement. The parent has to believe enough in the value of immunization against Poliomyelitis to be willing to sign his consent; he has to care about his child's vision in order to be willing to get glasses, or about the deafness indicated by our audiometer test to have his child's frequent or prolonged infections treated for prevention of further damage. If follow-up is not done, screening tests and routine examinations, no matter how frequent, do not accomplish results for certain less fortunate children. The finding of a problem in a school child often leads to discovery by the public health nurse of something else with which the family needs her help. In the last year we have tried to put more effort on following these problems through.

Number of Students - September 1967

Calgary Public Schools	69,073
Calgary Separate Schools	17,578
Christine Meikle	148
Emily Follensbee	73
Calgary Hebrew	239
Peretz	72
Calgary Christian	200
Highland Park Academy	<u>90</u>
	87,473

Our work in schools involved physicians' examinations:-

3,010 which were routine

919 which were special because of a problem.

The school nurse's work is more complex than indicated by just the following figures which are here recorded in order to give some idea of the volume.

No. of children examined by nurse	36,376	
No. referred to family physician		3,794
No. of vision tests	55,293	
No. referred to eye examiner		6,084
No. of audiometer tests	9,641	
No. of hearing defects		421

Of the 421 pupils with hearing defects, 236 were referred to the physician at City Hall for further examination and 83 of these were referred to ear specialists.

7,855 home visits were done by public health nurses regarding school children. Tuberculin testing was carried out on 95% of the Grade I population, i.e. 8,462 with a rate of positives of only 0.4%, and on 92% of the Grade IX population, i.e. 5,454 students with a positive reaction rate of 3.9%.

213 Tuberculin tests were done on students in other grades.

School staff skin tested	2,386	
No. of positive reactors		163
No. x-rayed		1,171
Contacts of positive staff and students skin tested	592	
No. of positive reactors		131
No. x-rayed		337

Communicable Diseases Reported - Age Group 5 - 19 Years

Bacillary Dysentery	3
Chickenpox	1,173
Infectious Hepatitis	79
Measles	1,043
Mumps	1,319
Pertussis	141
Rubella	92
Salmonella Infection	7
Scarlet Fever & Strep Throat	124
Tuberculosis, Pulmonary	5
Tuberculosis, Non-Pulmonary	1
Typhoid	<u>1</u>
Total	3,988

It is expected that it will be possible to reduce still further the incidence of Measles, which has been low (as in a non-epidemic year) for three years. Immunization against Measles has been available in our Baby and Pre-School Clinics for one year now and the percentage of our school population immune to Measles on entry to school even in September 1967 was significant (70% approximately).

SCHOOL TUBERCULIN TESTS

No. of Gr. 1 Pupils in Schools	Tuberculin Tests Accepted	% Accepting Tests	Tuberculin Tests Positive	% Found Positive Reactors	Number X-Rayed
8,955	8,462	94.5	35	0.4	28 At City Hall 1 At Sanatorium 3 Yet to Come 2 Recent Immigration X-Rays

The group of 35 Positive Reactors includes:-
25 Immigrants with 17 BCG's

No. of Gr. IX Pupils in Schools	Tuberculin Tests Accepted	% Accepting Tests	Tuberculin Tests Positive	% Found Positive Reactors	Number X-Rayed
5,920	5,454	92.1	214	3.9	207 At City Hall 5 By own Doctor 2 At Sanatorium

The group of 214 Positive Reactors includes:-
54 Immigrants with 27 BCG's
3 Indians
14 others with BCG's
27 previous positive

Other Grades (other ages not previously tested)	Tuberculin Tests Positive	% Found Positive Reactors	Number X-Rayed
213	5	2.3	5 at City Hall

The group of 5 Positive Reactors includes:-
4 Immigrants with 2 BCG's

No. of School Staff Tested	Number of Positive Reactors	Number X-Rayed
2,386	163	1,171

Contacts (Staff and Students) Number Tested	Number of Positive Reactors	Number X-Rayed
592	131	337

GRADE I IMMUNIZATION STATUS IN CALGARY SCHOOLS - OCTOBER 1967

Disease	Full	%	Lapsed	%	Inade- quate	%	None	%	Un- known	%	Total
Diphtheria	6,497	73.2	822	9.3	429	4.8	759	8.5	373	4.2	8,880
Tetanus	6,498	73.2	818	9.2	429	4.8	762	8.6	373	4.2	8,880
Salk Only	1,845	20.8	194	2.2	319	3.6	724	8.2	338	3.8)	
Sabin	4,326	48.7	233	2.6	599	6.7	226	2.5	76	0.9)	8,880
Smallpox	4,647	52.3	1,436	16.2			2,439	27.5	358	4.0	8,880
Measles					85	1.0	2,012	22.6	467	5.2)	
(a) Live	2,127	24.0								)	8,880
(b) Had dis- ease	4,189	47.2)	
)	

Films shown in schools in 1967 included:-

It's Wonderful Being A Girl
 Story of Menstruation
 From Boy to Man
 Girl to Woman

Food For Freddy
 Jamie, Story of a Sibling
 Quiet Betrayal (T.B.)

The V.D. Films:-

The Innocent Party
 See Your Doctor
 Dance Little Children
 ¼ Million Teenagers

ATTENDANCE AT CHILD HEALTH CENTRES

<u>Infant Attendance</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>
New	4,801	5,846	6,015	5,351	5,070	5,429	5,548
Old	<u>16,468</u>	<u>18,427</u>	<u>17,800</u>	<u>13,183</u>	<u>10,011</u>	<u>11,907</u>	<u>13,489</u>
Total Infant Attendance	21,269	24,273	23,815	18,534	15,081	17,336	19,037

Pre-School Attendance

New	1,422	2,018	2,112	3,172	3,417	3,866	3,768
Old	<u>5,532</u>	<u>8,557</u>	<u>9,867</u>	<u>15,467</u>	<u>16,644</u>	<u>19,543</u>	<u>23,756</u>
Total Pre-School Attendance	6,954	10,575	11,979	18,639	20,061	23,409	27,524

NEW ENROLLMENTS EXPRESSED AS A PERCENTAGE OF BIRTHS MINUS DEATHS

Births	7,388	7,932	8,032	7,688	7,235	7,064	7,301
m i n u s							
Infant Deaths	<u>172</u>	<u>161</u>	<u>156</u>	<u>180</u>	<u>155</u>	<u>125</u>	<u>153</u>
	7,216	7,771	7,876	7,508	7,080	6,939	7,148

New Infants	4,801	5,846	6,015	5,351	5,070	5,429	5,548
p l u s							
Pre-Schoolers Enrolled	<u>1,422</u>	<u>2,018</u>	<u>2,112</u>	<u>3,172</u>	<u>3,417</u>	<u>3,866</u>	<u>3,768</u>
	6,223	7,864	8,127	8,523	8,487	9,295	9,316

New Infants Plus Pre-Schoolers Enrolled Expressed as a % of Births Minus Deaths	86%	101%	103%	113%	120%	134%	130.4%
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ATTENDANCE BY CLINICS

<u>Infants</u>	<u>Bow- ness</u>	<u>City Hall</u>	<u>Forest Lawn</u>	<u>Hays- boro</u>	<u>North Hill</u>	<u>Kil- larney</u>	<u>Scar- boro</u>	<u>Wild- wood</u>	<u>T O T A L</u>
Attendance	1,193	3,453	2,048	3,071	3,940	1,090	3,938	304	19,037
Admissions	293	918	480	898	1,459	304	1,110	86	5,548
On Breast	40	91	11	126	156	32	77	9	542
On Bottle	253	827	469	772	1,303	272	1,033	77	5,006
<u>Pre-School</u>									
Attendance	2,097	6,152	3,400	5,304	5,675	1,299	3,251	346	27,524
Admissions	159	612	381	811	1,000	236	513	56	3,768
Doctor's Examinations	398	295	87	310	143	-	242	-	1,475
Doctor's Days	44	46	38	44	41	-	33	-	246
Total Attendance	3,290	9,605	5,448	8,375	9,615	2,389	7,189	650	46,561
No. of Clinic Days	68	240	135	216	241	51	242	20	1,213
Average Attendance	48.4	40.0	40.4	38.8	39.9	46.5	29.7	32.5	38.5

PRENATAL CLASSES - 1967

	<u>No. Registered</u>	<u>Average Attendance</u>	<u>Total No. of Husbands Attending 2 Classes</u>
<u>January</u>			
Haysboro	13	10.1	14
North Hill	12	11.5	7
Bowness	6	5.8	0
<u>March</u>			
Haysboro	11	9.5	2
North Hill	13	10.0	15
<u>May</u>			
Haysboro	11	10.1	12
North Hill	13	11.7	15
Bowness	7	5.8	0
<u>September</u>			
Haysboro	13	10.4	13
North Hill	13	11.1	15
<u>November</u>			
Haysboro	13	7.5	9
North Hill	10	9.7	14

12 Series of Prenatal Classes were held in 1967, with a total registration of 135.

D = Dose
P = Primary
C = Completed
R = Revaccination

	DIPHTHERIA		PERTUSSIS		TETANUS		POLIO(SALK)		POLIO(SABIN)		SMALLPOX		MEASLES	
	D	C	D	C	D	C	D	C	D	C	P	R	Killed	Live
Infants	11,709	2,371	11,655	2,356	11,707	2,371	11,678	2,139			38	5	13,500	47
Pre-School	4,084	10,576	3,749	9,898	4,085	10,601	3,738	3,853	8,240	9,791	3,071	1,628	11,458	11,294
School	3,011	18,131	1	1	3,650	18,601	2,254	868	4,474	21,238	2,623	12,054	1	5
Adults	86	66			2,534	1,990	1,067	629	1,725	2,309	323	7,294		
TOTALS	18,890	31,144	15,405	12,255	21,976	33,563	18,737	7,489	14,439	33,338	6,055	20,981	24,959	11,346

	GAMMA GLOBULIN	DILUTED DIPHTHERIA	SCHICK TESTS	TYPHOID FEVER PARATYPHOID FEVER		TYPHUS		CHOLERA	ROCKY MOUNTAIN SPOTTED FEVER	RABIES
				D	C	D	C			
Infants	73									
Pre-School	288			102	47	35	26	33	21	2
Schools	236	6	398	1,107	914	41	41	18	23	
Adults	504	18	243	2,611	2,246	469	439	435	446	12
TOTALS	1,101	24	641	3,823	3,207	545	506	486	490	12

The figures under C represent the number of people immunized by the use of single or multiple antigen.

SERA AND VACCINE DISTRIBUTED FOR USE IN CALGARY

Diphtheria Antitoxin, 1,000 units	14
Diphtheria Antitoxin, 40,000 units	3
Diphtheria Toxoid, Singles	42
Diphtheria Toxoid, Diluted 4 cc.	7
Diphtheria Toxoid, Pertussis Vaccine & Tetanus Toxoid, Singles ..	1,950
Diphtheria Toxoid, Pertussis Vaccine & Tetanus Toxoid, 6 x 6 cc.	50
Diphtheria Toxoid & Tetanus Toxoid, Singles	1,372
Diphtheria Toxoid & Tetanus Toxoid, 6 x 6 cc. pkge.	149
Gas Gangrene Antitoxin, Vials of 10,000 Units	88
Immune Sera Globulin, 2 cc. pkge.	268
Immune Sera Globulin, 5 cc. pkge.	465
Materials for Schick Tests (25 Tests)	185
Poliomyelitis Vaccine, 10 cc. pkge.	605
BIAD (Tetanus, Polio Vaccine), 10 cc. pkge.	166
QUAD (DPT - Polio Vaccine), 10 cc. pkge.	2,632
Measles Vaccine, Inactivated, 10 x .5 cc.	2,488
Measles Vaccine, Live, 1 Dose	6,008
Measles Vaccine, Live, 5 Doses	1,376
Rabies Vaccine (Duck Embryo) 1 Dose	30
Rocky Mountain Spotted Fever Vaccine, 3 cc. pkge.	34
Sabin, Poliovirus Vaccine, 20 Doses	2,617
Smallpox Vaccine, Singles	2,041
Smallpox Vaccine, 10's	2,787
Staphylococcus Toxoid, 2 cc. pkge.	228
Staphylococcus Antitoxin, 20,000 Units	3
Tetanus Antitoxin, 1,500 Units	199
Tetanus Antitoxin, 20,000 Units	7
Tetanus Toxoid, 30 cc. pkge.	57
Tetanus Toxoid, 3 cc. pkge.	1,176
Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 3 cc. pkge.	180
Tetanus Toxoid, Paratyphoid & Typhoid Vaccine, 25 cc. pkge.	103

Typhoid & Paratyphoid Vaccine, Singles	86
Typhoid & Paratyphoid Vaccine, 10 cc. pkge.	112

(All the above material supplied free by the Prov. Govt.)

Cholera Vaccine, 2½ cc. pkge.	154
Cholera Vaccine, 10 cc. pkge.	65
Typhus Vaccine, 3 cc. pkge.	141
Typhus Vaccine, 30 cc. pkge.	34

Dr. L. C. Allan,
Medical Officer of Health,
Health Department,
City of Calgary.

Dear Sir:-

It is my privilege to submit the report of the Dental Division for the year 1967.

Health has been defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. On the basis of this positive and unified concept of health, dental health becomes an inseparable part of general health and only gains meaning when considered in this context.

As a division of the City of Calgary Health Department, it is the obligation of this branch to provide the best service possible, within its limitation, as an integral part of the Health Department. The dental services performed here are designed to promote, maintain and restore dental health and include educative, preventive and treatment activities in varying proportions.

As in other fields of Public Health, our ultimate aim is the prevention of disease. Since education holds the answer to the prevention and control of dental disease, it occupies a position of high priority in this dental health program. Our educative activities are concerned with informing individuals and the Public at large how dental health contributes to general health, how it should be attained and preserved, and with encouraging these individuals to transform knowledge into action.

The preventive activities are concerned with preventing the inception of dental and oral diseases or intercepting their progress. What we must understand, however, is that although public health preventive measures are being instituted at an ever-increasing pace, they will not result in a radical decrease in the need for dental services, but will simply change the character of that need. As dental public health measures keep pace with other public health measures, what will happen, in effect, is that people will be living longer, having their teeth protected from the ravages of dental caries through fluoridation and will find themselves suffering increasingly from periodontal diseases. The problem then will change its emphasis to the measures required for keeping non-carious, sound teeth from losing their supporting structures.

The treatment activities of this Department are concerned with the early recognition of dental and oral diseases, with limiting their progress, with the repair of damage and restoration of functional efficiency.

A program of dental health for children should be comprehensive so as to meet the total needs of every child. Since the most common situation is one in which dental needs far exceed the resources available, the allocation of resources to special aspects of the program, such as educational, preventive or treatment activities, is usually made on the basis of certain recognized priorities.

Because of the unusual prevalence of dental diseases and the enormous unmet dental needs throughout the World, treatment requirements are inevitably heavy. The prevalence of dental disease in children is nearly universal. By age two, 50% of children have decayed teeth. The average child on entering school has three decayed teeth. By age fifteen, the average child has eleven teeth decayed, missing or filled. Selected surveys show the incidence of one new cavity per year in children aged six to eleven years and one and one-half cavities per year in children aged twelve to fifteen years. Large-scale studies indicate that up to 50% of children would benefit from orthodontic treatment. Gingivitis occurs in a major portion of the child population. This condition can lead to progressive periodontal disease, a major cause of the loss of teeth in adults. Cleft palate, with or without cleft lip, occurs about one in every seven-hundred births.

As in other fields of Public Health, the ultimate aim of this Department is the prevention of disease. Since the prevention of most diseases depends largely upon how much the average person knows about them and upon what he does to protect himself and his family against them, it is generally agreed that preventive and educational activities should receive proper emphasis and that the expenditure on treatment should not absorb all the funds allocated for health services. However, since active participation of the people is an essential factor in the success of any local health service, it is most necessary to arouse public interest and to ensure the confidence of the population, thus making education most effective. Therefore, it is sometimes necessary to provide services (treatment) which the people prefer, even though they may not necessarily reflect the most recent trends in medical-dental science.

Thus, we can conclude that although therapeutic practice for large groups of the population is not usually, and should not be, a chief function of dental public health in a community, the public health department sometimes assumes part of the responsibility for providing treatment to particular groups in the population, that is - the "indigent" (those unable to afford dental treatment). If this treatment service is not being sought or obtained under the present system (at a private office), then it should be arranged as one phase of the preventive procedures of our public health programs.

The primary objective of the Dental Division is to attain the highest possible standard of dental health for the pre-school population of the City of Calgary. Therefore, it is the intent of this Department to educate and assist people to help themselves and to assume as far as possible the responsibility for the dental health of their children.

Once again the problems of staffing were in the forefront. Dr. Curry resigned his position as Dental Director at the end of October. On staff during the year were Drs. Dey, de Ridder, Keith, Moffat and Willey. Other staff included three dental hygienists and five dental assistants. Because of the reduced number of dental hygienists, the dental clinics have been forced to function below maximum efficiency and the school dental health educational program has been seriously curtailed. However, in spite of the lack of sufficient numbers of hygienists, our division did endeavour to carry out an educational program in both the school systems.

The following table presents a summary of the work performed by the dentists and dental hygienists for the year 1967. Dental care was again provided for qualifying children of both pre-school and school age. Necessary x-rays, prophylaxis, restorative fillings, extractions, space maintenance appliances with minor orthodontic treatment comprised this Division's treatment service.

7,426 individual teeth were attended, and of these

1,284 teeth were removed and 6,142 teeth were restored to healthy, functioning units.

224 space maintainers were inserted for children with prematurely extracted teeth who otherwise would have become potential orthodontic cases.

Throughout the year 28 cases proceeded through various phases of orthodontic treatment. Preventive and conservative dental procedures are emphasized in the management of all dental patients.

During the course of 14,771 patient visits to the clinics, 9,740 children were given oral examinations by the dental hygienists, followed by the cleaning and polishing of the teeth and the subsequent administration of fluoride applications. In addition to this treatment aspect, the hygienists carried out an educational session with the parents on subjects related to dental health, such as nutrition, oral hygiene, between-meal eating habits and the importance of early and regular dental care.

I would like to take this opportunity, on behalf of Dr. Curry and myself, to thank you and all the other members of the Health Department for their help and co-operation during the year.

Respectfully submitted,

John J. Willey, B.A., D.D.S., D.D.P.H.,
Acting Director of Dental Services.

D E N T A L S T A T I S T I C S 1 9 6 7

D E N T A L S E R V I C E S	S C H O O L	P R E - S C H O O L
<u>EXTRACTIONS</u>		
Permanent	133	1
Deciduous	885	265
<u>FILLINGS</u>		
Permanent	2,372	112
Deciduous	1,966	1,692
<u>MISCELLANEOUS PROCEDURES</u>		
Bases	3,648	1,500
Prophylaxis	3,432	6,380
X-Rays	507	132
Periodontal Treatment	3	-
Crowns	208	217
Space Maintainers	178	46
Ortho Appliances	25	3
<u>NUMBER OF TEETH TREATED</u>		
Permanent	2,505	113
Deciduous	2,851	1,957
<u>CLINIC CASES</u>		
Completed	4,051	6,679
Unfinished	2,827	1,132
<u>FLUORIDE APPLICATIONS</u>	3,432	6,308
<u>PARENT & CHILD EDUCATION</u>	6,878	7,811
<u>EMERGENCY TREATMENTS</u>	61	16
<u>EXAMINATIONS</u>	1,802	1,300
<u>APPOINTMENTS</u>		
Paying	6,439	7,727
Free	439	84
<u>MISSED APPOINTMENTS</u>		
Paying	59	19
Free	4	-

Leslie C. Allan, M.B., Ch.B., D.P.H.,
 Medical Officer of Health,
 City of Calgary.

Dear Dr. Allan:-

It is with pleasure that I submit the nursing service report for the year ending February 29th, 1968.

This has been a year of change and a very busy one, with the continued population increase undoubtedly having some bearing. From 118 inactive cases added to our list, 93 were new arrivals in the City.

<u>Clinic Attendance</u>	2,697, increased by more than 500 from 1966
<u>Tuberculin Tests</u>	4,157, increased by 1,410
<u>Streptomycin Injections</u>	290
<u>Home Visits</u>	1,492, increased by 400

Calgary has recently gone into data processing for the follow-up program, receiving a monthly list from the Central Registry of those due for examination in the current month and also showing those overdue from previous months. We are not too unhappy with the overdue listing of those with a Tuberculosis diagnosis. There are some considerably overdue, and this will probably always be. The majority of overdue, however, are in other categories -- reactors, no disease, non-tubercular, etc. and this is the group that has received far less attention from us in the past. We have always worked on a priority list for visits with first attention to new active cases and their contacts; secondly, to recent discharges and those on out-patient drug treatment, and then to inactive cases overdue for examination. Many on annual x-ray have moved since last seen, and in one month alone 40 reminder notices were returned for us to locate.

It is no longer possible from our clinic with two Nurses to do the additional visits required if the many overdues, not on our priority list, are to receive any follow-up visits. The Public Health Nurses operating from district clinics will very shortly be called upon for these additional visits. A special form has been drawn to request the information required, and will be returned to us with a copy to Central Registry and the Sanatorium. This help should greatly ease the pressure and we are most grateful for this assistance from the Health Department.

Calgary is in a comparatively good situation with regards to the incidence of new active Tuberculosis cases, well below the Provincial average. The 1966 statistics show Calgary at 10.4 new active cases per 100,000 with the Provincial average at 20.7. There is a slight increase in the new cases shown for 1967, up 5 to 40 cases for a rate of 11.9 per 100,000 population. The 15,000 Grade I and Grade IX students tested by

the Nurses at school show the reactor rate remaining fairly stable; 0.4% in Grade I were reactors and 3.9% of Grade IX pupils as positive reactors on Tuberculin testing. It would be regrettable if there is any increase through inadequate follow-up. I hope and feel reasonably sure that once the Public Health Nurses assume more of our home visits, we will maintain this low incidence for Calgary.

The guidance and counsel received from you and the continued co-operation of the Health Department staff is sincerely appreciated.

Respectfully submitted,

IRENE H. WALTON,
Nurse-in-Charge.

Dr. Leslie C. Allan,
Medical Officer of Health,
City of Calgary.

Dear Sir:-

Once again it is our privilege to report to you the activities of the Chest X-Ray Clinic for the past year.

The statistical summary for the stationary unit located in the Civic Administration Building is as follows:-

Month	Total Attendance	Probable TB		Other Abnormalities				Total Abnormalities
		Active	Inactive	Probable Neoplasm	Pleurisy Inactive	Non-TB Conditions	Further Exam. Requested	
January	915		35		14	5	8	62
February	1,132		44		12	14	7	77
March	1,037		57		15	11	4	87
April	822		23		5	7	7	42
May	1,064		25		8	7	8	48
June	1,182	1	39		16	8	5	69
July	586		27		9	5	6	47
August	709		20		4	4	8	36
September	1,062		41		8	7	6	62
October	802		42		17	7	8	74
November	1,070		59		11	12	5	87
December	717		28		7	7	2	44
TOTAL	11,098	1	440	-	126	94	74	735

It is regrettable to note the lack of increase in attendance at the Clinic despite efforts made to promote our free service. Our pre-employment x-ray program continues with modest success in that quite a number of major companies actively participate.

Near the end of the year a new approach to the business community was initiated by the City Health Department with letters being sent directly to the firms in the City. This has brought some response and should reflect in a better attendance in 1968.

The Mobile Unit was also in operation for some time in the City, and the results are as follows:-

MOBILE CHEST X-RAY SURVEY Calendar Year 1967	# Registered to attend Clinic	# Persons X-rayed	Probable TB		Other Abnormalities						# Tuberculin Tested
			Active	Inactive	Pleurisy		Further Examination Requested	Probable Neoplasm	Non-TB Conditions	Total Abnormalities	
					Active	Inactive					
City of Calgary	14,329	11,591	-	52	-	21	47	5	66	191	11,587

Both the Stationary Unit here and the Mobile Unit are sponsored by the Alberta Tuberculosis Association and financed through the sale of Christmas Seals. They are operated in co-operation with the Provincial Department of Public Health and the City of Calgary Health Department.

Respectfully submitted,

M. S. Holme, Technician,
Alberta Tuberculosis Ass'n.

VICTORIAN ORDER OF NURSES, CALGARY BRANCH
REPORT OF DISTRICT DIRECTOR 1967

Madame Chairman, Ladies and Gentlemen:-

It is my privilege to give the report of Nursing Service for the year 1967, the 58th report of this Branch. An annual report affords an opportunity to report on the past and give some thought to the future.

For the fifty-eight years there have been very few times that the annual report did not show progress. During the Thirties, staff was decreased for a time and a good portion of the Nurse's day was spent in caring for maternity patients and also finding food, clothing and shelter for some of the patients. In the last six years there has been steady progress with the emphasis having moved from maternal and child care into long term care of the aged and chronically ill and also supportive care of patients suffering from emotional illness. The greatest increase in Nursing Service and related activities to date came during 1967.

Since our two main objectives are to provide visiting Nursing Service to the acute and chronically ill person in his own home and to promote and teach healthful living, we look to our record of home visiting to see the progress made in this area.

Although the number of patients admitted for care is down by 19 in 1967 as compared with 1966, our total number of visits to these patients has shown an increase of 2,644 visits (or approximately 11.4%). Care given to the adult person, that is anyone over the age of eighteen, has increased by 2,529 or 14.4%.

Of the 1,076 adult patients admitted for care, 491 or 45.6% were referred to the V.O.N. through a hospital liaison program. Many of these referred patients required daily care, for example - terminal carcinomas or patients requiring change of sterile dressings. The referral programs at the Calgary General, Holy Cross and the Foothills Hospitals show progress not only in the number of referrals to our own agencies but also referrals to other agencies, and especially to the Health Units in Southern Alberta. It is interesting to note here that one of the first patients referred through this program at the Calgary General Hospital in January 1961 remains on our case load, regularly receives care twice a week and has never had to be re-admitted to the Hospital. A referral program at the Rockyview Hospital began in late November. The enthusiasm and diligence of our liaison nurses working in the hospital referral programs have been the underlying factor in this tremendous increase.

Three sessions of Education for Parenthood Classes, a series of eight group discussion periods, were held during 1967 with 26 couples attending.

In keeping with another of our objectives to assist with Public Health Education of Nurses, eleven university students took part in two weeks' field experience with the Calgary Branch. Sixty student nurses enrolled at the Calgary General and Holy Cross Hospitals, five dietitians and two graduate nurses had a one-day observation period in the district with our nurses. In the fall of 1967, in conjunction with the City Health nurses, seminars were held with the teaching staff, supervisory staff and student nurses at all three major hospitals. This opportunity to discuss problems and interpret services contributes to better communications among all health workers.

We continue to work closely with a number of allied agencies. Recently our liaison nurse reported an elderly lady had been admitted critically ill to the hospital, leaving at home an elderly blind husband with no phone. The doctor made a visit to the husband to explain his wife's condition and the nurse called on the help of the volunteer bureau, who immediately arranged a ride to the hospital for him. The Calgary Family Service Bureau responded to a call by placing a homemaker in the home the next morning. As the blind husband, now widowed, adjusts, he may find Meals on Wheels and occasional household help adequate for maintenance in his own home.

The Canadian Red Cross Society has continued to freely lend a variety of articles, including beds and wheelchairs, and the Cancer Society provides any dressings required for patients suffering from Cancer.

In 1967 the V.O.N. made a greater demand on the services of physiotherapists from the Canadian Arthritis and Rheumatism Society. One recent example is their co-operation in care of a heavy patient who can only be lifted by means of a mechanical lift. Not only do patients gain heart with increased mobility, but the nurses find their work much more rewarding.

These Agencies form the nucleus of the services required for a co-ordinated home care program, which appears to be on the threshold of being developed.

Staff changes were many throughout 1967. In September a thirteenth nurse was added to the staff.

This report of success and progress is only possible through the efforts of each nurse. Mrs. Charette has assumed more responsibility in office routines, which has allowed the nurses to spend more time in the district. The willingness and loyalty of all is very much appreciated.

To each of the Board members, an individual "thank you" for the special role you have played in directing and supporting the program. Increased costs, transportation, more varied nursing programs, newer trends in community service and planning for new programs has taken much time of

various members and we appreciate your readiness to help.

The direction from the Medical Profession; the financial assistance and publicity from the United Fund; and the co-operation and assistance of the City Health Department, the Samaritan Club, the Lions Club and other agencies and groups have helped make 1967 a very successful year.

Private agencies such as the V.O.N. have a responsibility to seek out community needs, to persist in increasing public awareness of needs and to help set in motion programs to fill these needs once they are recognized. In the immediate future we hope to work with others in community and individual preparation for aging and filling various needs of the ever-increasing numbers of aged. We hope to help promote awareness of the need for education in the many facets of family living and of the facilities now at hand for families with problems. As mentioned in previous reports, we will continue to work toward an organized home care program available to all community members requiring this service.

As Mr. G. B. Rosenfeld stated at the National Annual Meeting of the V.O.N. last year, "The challenge is not to continue to provide a service for which a need has already been demonstrated and which is now part of our routine life. The real challenge is to meet new needs."

Respectfully submitted,

Eleanor MacDougall,
District Director.

VICTORIAN ORDER OF NURSES

SERVICE STATISTICS

	<u>Nursing Care</u>			<u>Health Instruction</u>		
	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>
Prenatal	-	1	1	81	113	120
Postnatal	32	22	28	1,298	1,411	1,342
Newborn	436	441	345	2,635	2,855	2,688
Infant	32	73	117	212	268	392
Preschool	65	70	220	86	69	48
School Age	328	153	235	47	28	20
Adult	<u>16,294</u>	<u>17,550</u>	<u>20,079</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL	<u>17,187</u>	<u>18,310</u>	<u>21,025</u>	<u>4,359</u>	<u>4,744</u>	<u>4,610</u>

TOTAL VISITS

	<u>1965</u>	<u>1966</u>	<u>1967</u>
Nursing Care	17,187	18,310	21,025
Health Instruction	4,359	4,744	4,610
Patient Not Seen	112	130	189
On Behalf of Patient	63	59	63
False Calls	-	-	-
Home Deliveries	5	-	-
(1 = 5)			
TOTAL	<u>21,726</u>	<u>23,423</u>	<u>25,887</u>

NUMBER OF PATIENTS VISITED

	<u>1965</u>	<u>1966</u>	<u>1967</u>
Prenatal	16	35	32
Postnatal	731	781	750
Newborn	765	810	766
Infant	55	44	68
Preschool	22	22	21
School Age	15	17	21
Adult	<u>883</u>	<u>1,044</u>	<u>1,076</u>
TOTAL	<u>2,487</u>	<u>2,753</u>	<u>2,734</u>

PAY STATUS OF VISITS

	<u>1965</u>	<u>1966</u>	<u>1967</u>	
Full	3,550	4,137	4,039	16.5%
Part	4,775	5,183	7,308	29.2
Free	6,624	5,547	5,681	14.5
No Charge	3,870	4,200	4,088	16.
Insurance	6	-	137	5.7
Government	2,894	4,176	4,634	18.1
Contract	<u>7</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL	<u>21,726</u>	<u>23,243</u>	<u>25,887</u>	<u>100.</u>

FINANCIAL STATEMENT

<u>HEALTH</u>	<u>1967</u>	<u>1966</u>
<u>ADMINISTRATION DIVISION</u>		
Salaries	57,702.11	52,733.26
Travel Expense	383.60	29.10
Private Car Allowances	556.90	600.00
Equipment Maintenance	213.15	307.93
Printing, Stationery & Office Supplies	1,942.48	1,694.71
Janitorial & Housekeeping Supplies	11.45	9.95
Sundries	338.21	230.37
Furniture & Furnishings	-	889.79
Purchasing & Stores Handling	1,995.00	1,507.00
	63,142.90	58,002.11
<u>SCHOOL MEDICAL SERVICES DIVISION</u>		
Salaries	258,358.67	208,633.41
Travel Expenses	783.85	220.10
Private Car Allowances	5,949.26	4,405.11
Passenger Car Rentals	3,558.90	3,236.04
Employees' Transit Tickets & Passes	4,501.92	3,341.69
Equipment Maintenance	240.18	38.41
Nurses' Lab. Coats	783.00	-
Printing, Stationery & Office Supplies	3,022.26	2,407.26
Medical Supplies	5,148.23	3,841.15
Sundries	143.34	590.48
Medical Equipment	187.50	416.77
Furniture & Furnishings	348.15	25.44
Glasses for Underprivileged Children	328.70	360.74
Staff Development & Training	30.00	-
	283,383.96	227,516.60
<u>SCHOOL & PRE-SCHOOL DENTAL SERVICES DIVISION</u>		
Salaries	114,877.79	107,298.91
Travel Expense	383.50	-
Private Car Allowances	358.32	448.88
Employees' Transit Tickets & Passes	19.00	50.00
Equipment Maintenance	563.64	225.57
Laundry Service	1,750.54	1,894.05
Printing, Stationery & Office Supplies	605.11	705.39
Dental Supplies	5,328.87	6,088.88
Sundries	127.12	108.52
Dental Equipment	1,314.00	-
	125,327.89	116,677.29

	<u>1967</u>	<u>1966</u>
<u>INFANT & PRE-SCHOOL CLINICS DIVISION</u>		
Salaries	253,165.91	203,844.30
Private Car Allowances	5,959.21	4,401.89
Passenger Car Rentals	3,559.90	3,236.06
Employees' Transit Tickets & Passes	4,501.88	3,341.66
Printing, Stationery & Office Supplies	733.31	418.10
Sundries	683.22	534.17
Furniture & Furnishings	366.88	440.91
	<u>268,970.31</u>	<u>216,217.09</u>
<u>GENERAL HEALTH SERVICES DIVISION</u>		
Salaries	10,983.78	9,399.09
Employees' Transit Tickets & Passes	160.00	160.00
Equipment Maintenance	21.15	29.32
Printing, Stationery & Office Supplies	76.44	82.69
Medical Supplies	470.64	205.00
Sundries	15.45	-
Drugs & Sera	507.75	302.11
Chemicals	240.28	235.12
Milk for Sickly & Undernourished	796.18	1,139.28
Special Health Programmes	1,464.16	3,130.47
	<u>14,735.83</u>	<u>14,683.08</u>
<u>INSPECTION SERVICES DIVISION</u>		
Salaries	146,679.42	135,544.60
Travel Expense	127.80	26.00
Private Car Allowances	9,458.89	10,201.35
Passenger Car Rentals	4,069.50	3,239.25
Employees' Transit Tickets & Passes	827.12	646.66
Equipment Maintenance	48.15	113.82
Laundry Service	150.30	122.35
Milk Inspection	1,161.59	1,198.74
Meat Inspection	4,373.99	3,710.65
Fly & Insect Control	14,445.55	10,931.27
Pigeon Control Programme	582.42	390.00
Printing, Stationery & Office Supplies	545.93	235.35
Laboratory Supplies	2,953.68	2,520.08
Sundries	265.94	224.68
Laboratory Equipment	190.00	480.08
Furniture & Furnishings	84.80	156.49
Staff Development & Training	-	408.30
	<u>185,965.08</u>	<u>170,149.67</u>

	<u>1967</u>	<u>1966</u>
<u>HEALTH CENTRES MAINTENANCE DIVISION</u>		
Buildings & Property Rentals	870.00	770.00
Buildings & Property Maintenance	3,485.18	1,981.77
Equipment Maintenance	74.36	115.40
Utilities	2,814.14	2,674.42
Telephones	2,169.85	1,273.80
Janitorial Service	4,906.00	4,643.68
Laundry Service	1,373.70	591.94
Janitorial & Housekeeping Supplies	492.72	755.49
Sundries	-	49.27
Ground Development	328.67	210.06
	<u>16,514.62</u>	<u>13,065.83</u>
<u>SUMMARY</u>		
Administration Division	63,142.90	58,002.11
School Medical Services Division	283,383.96	227,516.60
School & Pre-School Dental Services Division	125,327.89	116,677.29
Infant & Pre-School Clinics Division	268,970.31	216,217.09
General Health Services Division	14,735.83	14,683.08
Inspection Services Division	185,965.08	170,149.67
Health Centres Maintenance Division	<u>16,514.62</u>	<u>13,065.83</u>
	958,040.59	816,311.67
Less:-		
Fees, Charges Recovered, Misc. Sales	20,676.30	21,666.25
Provincial Government Health Grants	<u>315,484.92</u>	<u>259,639.20</u>
	621,879.37	535,006.22
Population	335,806	335,806
Per Capita Expenditure	1.85	1.53
Per Capita Expenditure without consideration of Grants	2.79	2.37
Health Grants deferred to 1968 for new health centre construction	100,223.64	

